

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors
(Dial-Up and Leased-Line)

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Section 1 - Overview

The POS network supports the following online, real-time transactions:

- Recipient Eligibility Verification
- Spend Down Amount (Share of Cost [SOC]) Clearance
- Medical Services Reservations
- Pharmacy Transactions
- Family PACT (Planning, Access, Care and Treatment) Actions
- Child Health and Disability Prevention (CHDP) Program Gateway Actions
- Capture of X12N 837 Professional Services Claims

For details about leased line or dial-up communication specifications for accessing the Medi-Cal Point of Service (POS) network, refer to the document titled *Medi-Cal POS Network Telecommunications Interface Standards, Third Party Vendors*. To access this document, visit the Medi-Cal Web site at www.medi-cal.ca.gov; click the "Publications" link, then the "Technical Publications" link. Detailed in separate transaction-suite-specific documents are the various data transactions and responses supported within the POS network.

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Section 2 - Supported Transactions

Transactions submitted through the Point of Service (POS) network are based on nationally recognized standards from the National Council for Prescription Drug Programs (NCPDP) and the American National Standards Institute (ANSI). Detailed below are the various transactions that use formats based on these standards:

Transaction	Standard Format
CHDP Gateway	ANSI X12.834, 271
Eligibility Inquiry/Response	ANSI X12.270/271
Family PACT	ANSI X12.834, 864, 271
Medical Services Reservation Request/Response	ANSI X12.270/271
Medical Services Reservation Reversal/Response	ANSI X12.270/271
Pharmacy Prior Authorization	NCPDP V5.1
Spend Down Amount (Share of Cost) Request/Response	ANSI X12.270/271
Spend Down Amount (Share of Cost) Reversal/Response	ANSI X12.270/271
Pharmacy Drug Claim – Request/Response	NCPDP V5.1
Pharmacy Drug Claim – Reversal/Response	NCPDP V5.1
System Suite Transactions	ANSI X12.864
837 Professional Services Claim	ANSI X12.837, 277, 271

For details about transactions other than pharmacy suite transactions, refer to the following documents, which are available on the Medi-Cal Web site at www.medi-cal.ca.gov:

- *Medi-Cal POS Network Telecommunications Interface Specifications, Third Party Vendors*
- *Medi-Cal Identification Cards Magnetic Stripe Formats*
- *Check Digit Algorithms*

For an explanation of the standards and various data values, refer to the appropriate standards documentation available from the standards bodies (refer to Section 7, *Reference Information*, for URLs to the Web pages for the standards bodies).

The American National Standards Institute/International Standards Organization (ANSI/ISO) issued to Medi-Cal an Issuer Identification Number (IIN). This number assists in routing transactions through Third Party Communication Services (TPCS) networks for delivery to the Medi-Cal application processor. The Medi-Cal IIN is **610442** and should be used in all transactions using both the ANSI and NCPDP formats.

This number should be entered as the "Interchange Receiver ID" (field number 107) for ANSI formats and as the "BIN Number" (field number 101-A1) for NCPDP formats.

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All ANSI transactions require a Provider Identification Number (PIN). There are three different formats for this data element:

1. All Medi-Cal providers receive a seven-digit PIN.
2. All Denti-Cal providers receive a six-digit PIN.
3. All Other Intermediary (OI) providers receive an eight-digit PIN.

It is assumed that Denti-Cal providers have an OI code of "00". For all other OI providers, the first two digits of their PIN is their OI code. All NCPDP transactions require a submitter ID to submit a transaction.

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Section 3 - Miscellaneous Information

3.1 Transaction Routing Control

The leased-line and dial-up Point of Service (POS) network uses transaction routing code information for every inbound transaction. This routing code is used within the Remote Submitter Routing Identifier (RSRI) position for pharmacy transactions and within the GS03 - Application Receiver's Code for all ANSI X12 transactions. The format of the RSRI field is alphanumeric and 24 or 27 bytes in length.

To accommodate users that require a means with which to identify response transactions and correlate them to the original transmission, all NCPDP formatted transactions can be prefixed with an RSRI. The RSRI will be echoed on the response transaction. The RSRI should be placed before the "Transaction Header Required" portion of the NCPDP formatted transaction and will be returned in the same position on the response. The fixed format of the 24- or 27-byte RSRI is as follows:

Position	Length	Value	Field Purpose
1	6	610442	Medi-Cal BIN number
7	3	EDS	Processor code
10	3		(Optional routing code)
13	15		(Sender-generated RSRI)

The entire sender-generated RSRI is optional, although highly recommended to verify receipt of the proper transaction response and facilitate message routing within the POS network and transaction processing systems to flexibly support various vendor testing scenarios. The RSRI field has the following format and values:

- The Medi-Cal BIN number field must contain the value "610442", the ANSI/ISO-issued IIN to assist in routing transactions through TPCS networks for delivery to the Medi-Cal application processor. A drug pricing transaction will have a BIN value of "008589".
- The Processor Code field value is dependent on which Medi-Cal processor receives the claims. Code this field with the value "EDS".
- The optional routing code field is dependent on which system receives the transaction. If this field is not included within the RSRI, the transaction routes only to the production host (if submitted through a production connection) and to the vendor software validation host (if submitted to a test connection). If this field is not included, then the RSRI will be only 24 bytes. If this field is included, then the RSRI will be 27 bytes. Vendors are strongly encouraged to include this field to support both current and future testing scenarios.

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The following table shows allowable, currently defined values.

Processor Code (xxx)	Routing Code (yyy)	Purpose
EDS	Spaces	EDS - Production system
EDS	Zeros	HHSDC - Special system test system
EDS	210	EDS - Unit test system
EDS	211	EDS - System test system
EDS	212	EDS - User acceptance test system
EDS	213	EDS - Vendor software validation system
EDS	214	EDS - Production CICS
EDS	219	EDS - Infrastructure update test system

3.2 Benefits Identification Card Information

For details about the Medi-Cal Benefits Identification Card (BIC), refer to the document *Medi-Cal Identification Cards Magnetic Stripe Formats*, available on the Medi-Cal Web site at www.medi-cal.ca.gov (click the "Publications" link, then the "Technical Publications" link).

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Section 4 - Pharmacy Transactions (NCPDP Version 5.1)

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4.1 NCPDP Specifications

NCPDP is a registered trademark of the National Council for Prescription Drug Programs, Inc. Version 5.1

and its predecessor includes proprietary material and is protected under United States copyright law, and all rights remain with NCPDP.

The NCPDP specifications cover the minimum required fields, per the NCPDP 5.1 standards, as well as the required fields needed for Medi-Cal processing. Even though a segment or field may not be covered in this document, it does not mean the segment or field cannot be sent. All segments and fields that are allowed for NCPDP 5.1 will be accepted but only those segments and fields pertinent to Medi-Cal processing will be utilized in the Medi-Cal system. However, please be cognizant of the size of the transaction and possible problems with time-outs on larger transactions. Currently, the maximum length of an incoming transaction that can be accepted by Medi-Cal leased-line is 8,000 bytes. Please refer to the NCPDP Telecommunication Standard Implementation Guide Version 5 Release 1 for further information on the various segments and fields allowed.

Refer to *Medi-Cal POS Network Telecommunications Interface Standards, Third Party Vendors* for additional information about the telecommunications protocols.

Note: Compound Drugs cannot be submitted through dialup to the VeriFone POS Network.

4.2 General Transaction Formatting Information

The pharmacy transaction formats are based on NCPDP Version 5, Release 1 standards that allow variable length transactions only.

Version 5.1 has introduced the syntax usage of a segment. Data elements have been grouped into segments to assist in usage of similar information.

The first segment of every transmission (request or response) is the Header segment. This is the only segment that does not have a Segment Identification since it is a fixed field and length segment. After the Header Segment, other segments are included, according to the particular transaction type. Every other segment has an identifier to denote the particular segment for parsing. Segments may appear in any order

after the Header Segment, according to whether the segment occurs at the transmission or transaction level. Segments are not allowed to repeat within a transaction. Segments may occur more than once only in a multi-transaction transmission.

In the Header segment, all fields are required positionally and filled to their maximum designation. This is a fixed segment. If a required field is not used, it must be filled with spaces or zeros, as appropriate. The fields within the Header Segment do not use field separators.

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Other segments may have both required and optional fields. Optional fields in a segment are submitted after the required fields. Both types of fields must be preceded by a field separator and the field's identifier. Optional fields may appear in any order except for those designated with a qualifier or in a repeating group. The required and optional fields may be truncated to the actual size used. For more information, refer to section 4.2.1, *Field Qualifiers*, and section 4.2.2, *Repeating Fields*.

It is recommended that the Segment ID field not be submitted if no ensuing fields will be sent. This may occur when all fields in the segment are optional. However, if a transmission contains a Segment ID with no data elements following, a syntax rejection will not occur.

Parsing is accomplished with the use of separators. Version 5.1 uses three separators:

- Segment separator: Hex 1E (Dec 30)
- Group separator: Hex 1D (Dec 29)
- Field separator: Hex 1C (Dec 28)

A transmission includes the total request or response being sent. A transmission consists of the Header Segment followed by optional segments relating to the entire transmission. A transmission can consist of one or more transactions separated by group separators.

Within a transaction, appropriate segments are included. Segments are delineated with the usage of Segment separators. Segments are also identified with the usage of a Segment Identification in the first position of each segment. One to many segments may be included in each transaction. Field separators are used to delineate fields in the segments.

The entire transmission will be rejected if any formatting errors are found (either in the header or detail segments) or if invalid NCPDP values are found for the individual fields.

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The general syntax of a transmission request and response will appear as follows:

Header Segment
Header Segment Fields
Segment Separator
Required Fields within Segment as appropriate, with field separators
Optional Segment Fields with field separators
Segment Separator
Required Fields within Segment as appropriate, with field separators
Optional Segment Fields with field separators
Group Separator
Segment Separator
Required Fields within Segment as appropriate, with field separators
Optional Segment Fields with field separators
Segment Separator
Required Fields within Segment as appropriate, with field separators
Optional Segment Fields with field separators

The general structure of a request, for most transactions, will appear as follows (recognizing that some segments may not be used):

Transmission

Header Segment

Patient Segment

Insurance Segment

Transactions (up to four per transmission)

Claim Segment

Pharmacy Provider Segment

Prescriber Segment

Coordination of Benefits/Other Payments Segment

Workers' Compensation Segment

DUR/PPS Segment

Pricing Segment

Coupon Segment

Compound Segment

Prior Authorization Segment

Clinical Segment

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The general structure of a response, for most transactions, will appear as follows (recognizing that some segments may not be used):

Response

- Response Header Segment
- Response Message Segment
- Response Insurance Segment
 - Transaction Response (up to four per transmission)
 - Response Status Segment
 - Response Claim Segment
 - Response Pricing Segment
 - Response DUR/PPS Segment
 - Response Prior Authorization Segment

Field Qualifiers

Some data elements are further defined with the use of qualifiers. Qualifier fields must be submitted first, followed by the field qualified. If the field is not needed in the transaction type, both the qualifier and the field qualified are eliminated.

Repeating Fields

Version 5 contains repeating fields that are formatted to accommodate a greater number of occurrences than might be practical for real-time transmissions. However, due to limitations in the Medi-Cal system, not all occurrences can be accepted. Refer to the NCPDP 5.1 Implementation Guide for additional information about repeating fields and the documentation within this manual for Medi-Cal limitations for the individual repeating fields.

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Data Conventions

Character Sets Designation

N	Unsigned Numeric, always right justified, zero filled. <i>Example:</i> 9(7)v999 is represented as 9999999999 with an implied decimal point.
D	Signed Numeric, sign is internal and trailing. Zeros are always positive, always right justified. Dollar-cents amount with two positions to the right of the implied decimal point. All other positions to the left of the implied decimal point. (Refer to the "Overpunch Sign" information below.) <i>Example:</i> D field of length 8 is represented as \$\$\$\$\$\$cc
A/N	Alpha/Numeric, always left justified, space filled. A-Z, Ø-9, and printable characters.

Implied Decimal Points

In the 5.1 standard, only patient clinical value fields will contain decimal points. All other decimal points are implied. For example, patient diagnosis codes should be formatted with explicit decimal points.

Note: Decimal points in dollar fields are implied.

The Overpunch Sign

The purpose of using Overpunch signs in dollar fields is to allow the representation of positive and negative dollar amounts without expanding the size of the field (i.e., to hold the plus or minus character).

The overpunch sign replaces the right-most character in a dollar field. The signed value designates the positive or negative status of the numeric value. The dollar field of \$99.95 would be represented as 999E with truncation. A negative dollar amount of \$2.5Ø would be represented as 25} with truncation.

UNIT	SIGNED POSITIVE				SIGNED NEGATIVE			
	GRAPHIC	OCT	DEC	HEX	GRAPHIC	OCT	DEC	HEX
Ø	{	173	123	7B	}	175	125	7D
1	A	1Ø1	65	41	J	112	74	4A
2	B	1Ø2	66	42	K	113	75	4B
3	C	1Ø3	67	43	L	114	76	4C
4	D	1Ø4	68	44	M	115	77	4D
5	E	1Ø5	69	45	N	116	78	4E
6	F	1Ø6	7Ø	46	O	117	79	4F
7	G	1Ø7	71	47	P	12Ø	8Ø	5Ø
8	H	11Ø	72	48	Q	121	81	51
9	I	111	73	49	R	122	82	52

Table shows ASCII values

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Truncation

To truncate a field using 5.1 format:

NUMERIC (N or D) Remove leading zeros
ALPHANUMERIC (A/N) Remove trailing spaces

When transmitting dollar fields, the least significant digit should be represented as one of the 'Overpunch' signs to indicate whether the value is positive or negative (see 'The Overpunch Sign' section).

When transmitting a 5.1 record, truncating trailing blanks and leading zeros within fields in the variable portions of the record is recommended. If a field in one of the variable portions is empty, omit the field entirely (including the Field Separator and Field Identifier). Do not truncate or eliminate any fields in the required header segments.

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4.3 Pharmacy Billing Transactions

Pharmacy Billing – Request

The standard drug billing transaction can be completed by filling out the Header segment, Patient segment and Insurance segment. For each claim detail line, fill out the Claim segment, Prescriber segment, Coordination of Benefits/Other Payments segment, DUR/PPS segment, Pricing segment, Clinical segment and Compound segment as a set for each claim detail.

The standard transaction may consist of a maximum of 4 Claim Detail sets if no compounds are being billed. If the drug claim is known to result in the generation of a Drug Use Review (DUR) Alert, the submitter may fill in the Reason for Service Code (Field 439-E4), Professional Service Code (Field 440-E5) and Result of Service Code (Field 441-E6) as part of the initial claim. This will save a second transaction that must be sent in response to the generated DUR alert. The following diagrams show the various components of a transaction with one to four prescriptions.

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Diagram for One Prescription

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment <i>Segment Separator</i> Patient Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment <i>Segment Separator</i> Compound Segment

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Diagram for Two Prescriptions

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment <i>Segment Separator</i> Patient Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment
Mandatory - Second Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment

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Diagram for Three Prescriptions

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment <i>Segment Separator</i> Patient Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment
Mandatory - Second Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment

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Diagram for Three Prescriptions *(continued)*

Mandatory - Third Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment

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Diagram for Four Prescriptions

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment <i>Segment Separator</i> Patient Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment
Mandatory - Second Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment

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Diagram for Four Prescriptions *(continued)*

Mandatory - Third Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment
Mandatory - Fourth Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment

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There are two types of data in the transaction format field labeled "*Pre-Defined Values*". Constant values, as defined by the NCPDP Version 5.1 standard, are to be coded as shown in the table that follows. These values are **not** enclosed by parentheses. The application program submitting the data transaction will provide values for those fields that are enclosed by parentheses or those fields that are blank.

The "Size" column states the minimum/maximum size of the field. If there is a number enclosed by parentheses, this specifies the maximum size that the Medi-Cal system can accept. If a field is received that is longer than the Medi-Cal system can handle, all data past the maximum allowed length for Medi-Cal will be truncated (numeric fields will be truncated on the left, alpha/numeric fields will be truncated on the right).

In the following example, the Product/Service ID can have a minimum of 1 character and a maximum of 19 characters, but Medi-Cal can currently accept only 11 characters for a National Drug Code (NDC):

407	D7	Product/Service ID	A/N	1 –19 (11)	(Product/Service ID)
-----	----	--------------------	-----	------------	----------------------

If only certain fields on a segment are optional, these fields will be shaded. If the entire segment is optional (meaning it only needs to be sent if there is data needed on it to process the claim), then this will be noted under the Segment Heading.

All dates are in the CCYYMMDD format unless otherwise indicated.

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Transaction Header Segment

Note: Truncation within the Header segment is not allowed.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
101	A1	BIN Number	N	6	610442
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
104	A4	Processor Control Number	A/N	10	Not Used
109	A9	Transaction Count	A/N	1	1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
202	B2	Service Provider ID Qualifier	A/N	2	05 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	(Submitter ID – 3 Provider Number – 9 Last 3 characters – spaces)
401	D1	Date of Service	N	8	(Date of Service – CCYYMMDD)
110	AK	Software Vendor/Certification ID	A/N	10	(PC/POS Version Number)

Insurance Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	04 = Insurance
FS	C2	Field Separator	A	3	X'1C' C2
302	C2	Cardholder Identification Number	A/N	1 – 20 (15 or 20)	(Medi-Cal Recipient ID plus Date of Issue) Must be 1 of the following: 1. CIN (9 characters) plus the BIC Issue Date (YYMMDD) 2. MEDS ID (9 characters) plus the BIC Issue Date (YYMMDD) 3. BID (14 characters) plus the BIC Issue Date (YYMMDD) 4. BIC ID (14 characters) plus the BIC Issue Date (YYMMDD)

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Patient Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	01 = Patient Segment
FS	C4	Field Separator	A	3	X'1C' C4
304	C4	Date of Birth	N	8	(CCYYMMDD)
FS	C5	Field Separator	A	3	X'1C' C5
305	C5	Patient Gender Code	N	1	0 = Not Specified 1 = Male 2 = Female
FS	C7	Field Separator	A	3	X'1C' C7
307	C7	Patient Location	N	2	0 = Not Specified 2 = Inter-Care 7 = Skilled Care Facility 8 = Sub-Acute Care Facility

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Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	1 – 7	(Rx Number)
FS	E1	Field Separator	A	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	03 = National Drug Code (NDC) 00 = Default for compound drug claims
FS	D7	Field Separator	A	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number) For compound claims, this should be "0"
FS	E7	Field Separator	A	3	X'1C' E7
442	E7	Quantity Dispensed	N	1 – 10	Implied Format = 9999999.999 For compound claims, this should be the amount of the entire multi-ingredient product. Refer to note on next page.
FS	D5	Field Separator	A	3	X'1C' D5
405	D5	Days Supply	N	1 – 3	(Days Supply)
FS	D6	Field Separator	A	3	X'1C' D6
406	D6	Compound Code	N	1	0 = Not Specified 1 = Not a Compound 2 = Compound (Note: Compounds cannot be submitted through dialup to the VeriFone POS Network)
FS	DK	Field Separator	A	3	X'1C' DK
420	DK	Submission Clarification Code	N	1 – 2	0 = Not Specified 7 = Medically Necessary (indicates that Code 1 Restrictions have been met) <i>For Compounds Only:</i> 8 = Process Compound for Approved Ingredients 99 = Other (indicates Code 1 Restrictions have been met and Process Compound for Approved Ingredients)

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Claim Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	C8	Field Separator	A	3	X'1C' C8
308	C8	Other Coverage Code	N	1-2	0 = Not Specified 1 = No other coverage identified 2 = Other coverage exists-payment collected 3 = Other coverage exists-this claim not covered 4 = Other coverage exists-payment not collected 5 = Managed care plan denial 7 = Other coverage exists-not in effect at time of service
FS	EU	Field Separator	A	3	X'1C' EU
461	EU	Prior Authorization Type Code	N	1-2	1 = Prior Authorization 3 = EPSDT (Early Periodic Screening Diagnosis Treatment) 6 = Family Plan Ind. 8 = Payer Defined Exemption (used in conjunction with the Discharge Date for compound drug transactions) Note: The Prior Authorization Number (field 462-EV) will be mapped as a TAR number if the Prior Authorization Type Code is one of the above values, except for a value of 8. If 8 is submitted, the Prior Authorization Number (field 462-EV) will be considered as the Discharge Date (used for compounds only).
FS	EV	Field Separator	A	3	X'1C' EV
462	EV	Prior Authorization Number Submitted	N	1 – 12 (11)	(Tar Control Number Size: 11) - Or - (Discharge Date Size: 8 Format: CCYYMMDD) Note: The Discharge Date is used for compounds only.

Note:

For Field Number 442-E7 (Quantity Dispensed), the following format will be required based on the date of service:

For dates of service prior to October 1, 2002, the quantity dispensed must be submitted as a whole number, no decimal. This requires that 3 zeros be added to the quantity value due to the implied decimal format. For example, if a quantity of 4 is to be submitted, it must be submitted as 4000. If other than zeros are found in the 3 decimal positions, the claim will be rejected.

For dates of service on or after October 1, 2002, the quantity dispensed must be submitted with metric decimal quantities.

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Pricing Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	11= Pricing Segment
FS	DX	Field Separator	A	3	X'1C' DX
433	DX	Patient Paid Amount	D	1 - 8	(Patient SOC Collected s\$\$\$\$\$cc)
FS	E3	Field Separator	A	3	X'1C' E3
438	E3	Incentive Amount Submitted	D	1 - 8	(s\$\$\$\$\$cc) Used for Sterility Testing fee (compounds only).
FS	DU	Field Separator	A	3	X'1C' DU
430	DU	Gross Amount Due	D	1 - 8	(s\$\$\$\$\$cc) Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (480-H9). Note: Include Compounding and Professional fees for compound drugs in the Gross Amount Due field.
FS	DN	Field Separator	A	3	X'1C' DN
423	DN	Basis of Cost Determination	A/N	2	00 = Not Specified 01 = AWP (Average Wholesale Price) 02 = Local Wholesaler 03 = Direct 04 = EAC (Estimated Acquisition Cost) 05 = Acquisition 06 = MAC (Maximum Allowable Cost) 07 = Usual and Customary 09 = Other (Indicates Disproportionate Share/Public Health Service)

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Prescriber Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	03 = Prescriber Segment
FS	EZ	Field Separator	A	3	X'1C' EZ
466	EZ	Prescriber ID Qualifier	A/N	2	08 = State License
FS	DB	Field Separator	A	3	X'1C' DB
411	DB	Prescriber ID	A/N	1–15 (9)	(Prescriber License Number)

COB/Other Payments Segment

Optional segment – only send if there is Other Payment Information to be sent.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	05 = COB/Other Payments Segment
FS	4C	Field Separator	A	3	X'1C' 4C
337	4C	Coordination of Benefits/Other Payments Count	N	1	1 = one set of data follows Maximum of 1 occurrence supported by Medi-Cal. If more than 1 occurrence is sent, the transaction will be rejected. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Other Payer Coverage Type • Other Payer Amount Paid Count • Other Payer Amount Paid Qualifier • Other Payer Amount Paid
FS	5C	Field Separator	A	3	X'1C' 5C
338	5C	Other Payer Coverage Type	A/N	2	99 = Composite (Indicates that the Other Payer Amount Paid is the total received from all payers) Occurrence depending on count in field 337-4C.

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COB/Other Payments Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	HB	Field Separator	A	3	X'1C' HB
341	HB	Other Payer Amount Paid Count	N	1	<p>1 = one set of data follows</p> <p>Maximum of 1 occurrence supported by Medi-Cal. If more than 1 occurrence is sent, the transaction will be rejected.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Other Payer Amount Paid Qualifier • Other Payer Amount Paid <p>Occurrence depending on count in field 337-4C.</p>
FS	HC	Field Separator	A	3	X'1C' HC
342	HC	Other Payer Amount Paid Qualifier	A/N	2	<p>08 = Sum of All Reimbursement</p> <p>Occurrence depending on count in field 341-HB</p>
FS	DV	Field Separator	A	3	X'1C' DV
431	DV	Other Payer Amount Paid	D	1 - 8	<p>(Other Coverage Amount for current payer – s\$\$\$\$\$cc)</p> <p>This should contain the sum of all reimbursement received from all other coverage payers.</p> <p>Occurrence depending on count in field 341-HB</p>

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DUR/PPS Segment

Optional segment – only send if there is DUR/PPS Information to be sent.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	08 = DUR/PPS Segment
FS	7E	Field Separator	A	3	X'1C' 7E
473	7E	DUR/PPS Code Counter	N	1	1 = one set of DUR data Maximum of <u>1</u> occurrence supported by Medi-Cal. Occurrence number for following set of fields: <ul style="list-style-type: none"> • Reason for Service Code • Professional Service Code • Result of Service Code
FS	E4	Field Separator	A	3	X'1C' E4
439	E4	Reason for Service Code	A/N	2	(DUR Conflict Code) Refer to the Medi-Cal provider manual for valid values. Must be present with field 473-7E.
FS	E5	Field Separator	A	3	X'1C' E5
440	E5	Professional Service Code	A/N	2	(DUR Intervention Code) Refer to the Medi-Cal provider manual for valid values. Must be present with field 473-7E.
FS	E6	Field Separator	A	3	X'1C' E6
441	E6	Result of Service Code	A/N	2	(DUR Outcome Code) Refer to the Medi-Cal provider manual for valid values. Must be present with field 473-7E.

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Clinical Segment

Optional segment – only send if there are diagnosis codes to be sent.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	13 = Clinical Segment
FS	VE	Field Separator	A	3	X'1C' VE
491	VE	Diagnosis Code Count	N	1	<p>Medi-Cal supports up to 2 diagnosis codes. The first occurrence will be considered the primary diagnosis and the second occurrence will be the secondary diagnosis. All others will be bypassed.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Diagnosis Code Qualifier • Diagnosis Code
FS	WE	Field Separator	A	3	X'1C' WE
492	WE	Diagnosis Code Qualifier	A/N	2	<p>01 = International Classification of Diseases (ICD9)</p> <p>Repeating field depending on count found in field 491-VE.</p>
FS	DO	Field Separator	A	3	X'1C' DO
424	DO	Diagnosis Code	A/N	1 – 15 (6)	<p>Repeating field depending on count found in field 491-VE.</p> <p>This field requires an explicit decimal point. Medi-Cal accepts the ICD-9 diagnosis code format. Therefore, the maximum length Medi-Cal can currently accept for this field is 6 characters, 5 characters plus an explicit decimal point.</p>

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Compound Segment

Optional Segment – Only send if the transaction is for a compound drug.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	10 = Compound Segment
FS	EF	Field Separator	A	3	X'1C' EF
450	EF	Compound Dosage Form Description Code	A/N	2	Ø1= Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema
FS	EG	Field Separator	A	3	X'1C' EG
451	EG	Compound Dispensing Unit Form Indicator	N	1	1 = Each 2 = Grams 3 = Milliliters

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Compound Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	EH	Field Separator	A	3	X'1C' EH
452	EH	Compound Route of Administration	N	1-2	1 = Buccal 2 = Dental 3 = Inhalation 4 = Injection 5 = Intraperitoneal 6 = Irrigation 7 = Mouth/Throat 8 = Mucous Membrane 9 = Nasal 1Ø = Ophthalmic 11 = Oral 12 = Other/Miscellaneous 13 = Otic 14 = Perfusion 15 = Rectal 16 = Sublingual 17 = Topical 18 = Transdermal 19 = Translingual 2Ø = Urethral 21 = Vaginal 22 = Enteral
FS	EC	Field Separator	A	3	X'1C' EC
447	EC	Compound Ingredient Component Count	N	1-2	Medi-Cal supports up to 25 compound product IDs and <u>1</u> for the container count (26 Product IDs if a container count is included), if necessary. <ul style="list-style-type: none"> Compound Product ID Qualifier Compound Product ID Compound Ingredient Quantity Compound Ingredient Drug Cost Compound Ingredient Basis Of Cost Determination
FS	RE	Field Separator	A	3	X'1C' RE
488	RE	Compound Product ID Qualifier	A/N	2	03 = National Drug Code (NDC) 99 = Other (Container Count) Must be accompanied with all 9s and a 7 (9999999999) in field 489-TE. When a product ID of all 9s and a 7 (9999999999) is submitted then the quantity in field 448-ED will be considered the Container Count. Repeating field depending on count found in field 447-EC.

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Compound Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	TE	Field Separator	A	3	X'1C' TE
489	TE	Compound Product ID	A/N	1-19 (11)	(NDC Number) Repeating field depending on count found in field 447-EC.
FS	ED	Field Separator	A	3	X'1C' ED
448	ED	Compound Ingredient Quantity	N	1-10	Implied format = 9999999.999 Repeating field depending on count found in field 447-EC. Used to indicate number of containers for compound drugs when Compound Product ID is "99999999997" and Compound Product ID Qualifier is "99". (maximum allowed is 999).
FS	EE	Field Separator	A	3	X'1C' EE
449	EE	Compound Ingredient Drug Cost	N	1-8	Implied format = 999999.99 Repeating field depending on count found in field 447-EC.
FS	UE	Field Separator	A	3	X'1C' UE
490	UE	Compound Ingredient Basis Of Cost Determination	A/N	2	Blank = Not Specified Ø1 = AWP (Average Wholesale Price) Ø2 = Local Wholesaler Ø3 = Direct Ø4 = EAC (Estimated Acquisition Cost) Ø5 = Acquisition Ø6 = MAC (Maximum Allowable Cost) Ø7 = Usual and Customary Ø9 = Other (Indicates Disproportionate Share/Public Health Service) Repeating field depending on count found in field 447-EC.

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Pharmacy Billing - Responses

This section contains high-level diagrams of the response formats for transmission of pharmacy billing transactions.

Response Header, field Header Response Status (501-F1), is limited to:

“A” for transmission *“accepted”*
“R” for transmission *“rejected”*

Response Status Segment, field Transaction Response Status (112-AN), is limited to:

“D” for *“duplicate of paid”*
“P” for *“paid”*
“R” for *“rejected”*

For every response, the following rules apply:

- The Response Header segment is mandatory and will appear first in the response.
- The Response Message segment follows, and is optional.
- The Response Status segment is mandatory.
- Other response segments are mandatory, optional, or not mandatory according to the documentation that follows on each segment.
- The Transaction Count on the response should match the Transaction Count sent in on the request and should match the number of responses returned in the transmission.

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Response Status for Billings

For multiple transactions within a transmission, the Response Status segment is repeated for each transaction. An 'Acceptable' transmission response may contain paid, captured, approved and rejected status codes for multiple transactions.

If all transactions are rejected then each transaction should contain status codes that have values. A status code response must be transmitted for all submitted transactions whether approved, rejected for unacceptable header information, or rejected for unacceptable transaction information.

If the status code indicates the header data is unacceptable, all detail items submitted are in error and the reject codes that are applicable are present in the first transaction reject code list in addition to any reject codes that are specific to the first transaction. Any reject codes that are applicable are present in the second and subsequent transaction, along with reject codes that are specific to the second or subsequent transaction.

Transaction Type	Response Status		Comment
	Response Header Segment - Header Response Status	Response Status Segment - Transaction Response Status	
Billing	A	P, D	Transmission Accepted. Transaction Paid, or Duplicate of Paid.
	A	R	Transmission Accepted. Transaction Rejected.
	R	R	Transmission Rejected. Transaction Rejected.

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Pharmacy Billing – Transmission Accepted/Transaction Paid or Duplicate of Paid Response

The general segment layout for one accepted response follows. This is a response where the Header Response Status in the Response Header Segment equals "A" (Accepted) and the Transaction Response Status in the Response Status Segment equals one of the following:

"P" (Paid) or "D" (Duplicate of Paid).

Optional segments may or may not be used. This diagram does not infer that all optional segments may be used in any given transaction. Refer to the response documentation that follows for information about which segments are mandatory and optional.

The Response Status Segment will have response information to match up to each transaction in the request. Each transaction response will contain its own Transaction Response Status and therefore each transaction may receive a different response. Transaction one might be paid, Transaction two might be rejected, **or** Transaction one might be rejected, Transaction two might be captured, et cetera.

**Diagram for One Prescription -
Transmission Accepted/Transaction Paid or Duplicate of Paid Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory First Response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
<i>Segment Separator</i>
Response Claim Segment
<i>Segment Separator</i>
Response Pricing Segment

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NCPDP Pharmacy Transaction Specifications
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**Diagram for Two Prescriptions -
Transmission Accepted/Transaction Paid or Duplicate of Paid Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory First Response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment <i>Segment Separator</i> Response Pricing Segment
Mandatory Second Response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment <i>Segment Separator</i> Response Pricing Segment

**Diagram for Three or Four Prescriptions -
Transmission Accepted/Transaction Paid or Duplicate of Paid Response**

The diagram for three or four accepted responses is the same as the general diagram for two accepted responses with the added recurrence of the mandatory and optional segments for the third and fourth transactions.

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Billing Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be returned according to the Provider Message Format Table on the next page. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

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Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaapppnnnn.
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response.
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response.
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance.
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region.
Other than position 1	FF<@var len msg@>	Free-form message text delimited by the '@' sign.	Variable length free-form message text up to 150 characters in length plus two delimiters.

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	D = Duplicate of Paid P = Paid
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-40	Contains Patient First, Last Name and the Medi-Cal Cutback Code, if present.

Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	7	Same as input transaction

Response Pricing Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	23 = Response Pricing Segment
FS	F9	Field Separator	A	3	X'1C' F9
509	F9	Total Amount Paid	D	8	s\$\$\$\$\$cc Includes sales tax paid, if applicable. Refer to the <i>Remittance Advice Details</i> (RAD) for breakdown of sales tax paid.

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Pharmacy Billing – Transmission Accepted/Transaction Rejected Response

This is a response where the Header Response Status in the Response Header Segment equals "A" (Accepted), and the Transaction Response Status in the Response Status Segment equals "R" (Rejected).

**Diagram for One Prescription –
Transmission Accepted/Transaction Rejected Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i> Response Message Segment
Mandatory First Response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment
Optional
<i>Segment Separator</i> Response DUR/PPS Segment

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**Diagram for Two Prescriptions -
Transmission Accepted/Transaction Rejected Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i> Response Message Segment
Mandatory First Response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment
Optional
<i>Segment Separator</i> Response DUR/PPS Segment
Mandatory Second Response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment
Optional
<i>Segment Separator</i> Response DUR/PPS Segment

**Diagram for Three or Four Prescriptions –
Transmission Accepted/Transaction Rejected Response**

The diagram for three or four transmission accepted/transaction rejected responses is the same as the general diagram for two transmission accepted/transaction rejected responses with the added recurrence of the mandatory and optional segments for the third and fourth transactions.

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Billing Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

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Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaapppnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	<p>01 = one set of data follows 02 = two sets of data follow : : 20 = 20 sets of data follow</p> <p>Maximum of 20 reject codes will be returned by Medi-Cal.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> Reject Code Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	<p>Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values.</p> <p>Repeating field depending on count in field 510-FA.</p>
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	<p>Contains text message area, denial code(s) and eligibility-related Information.</p> <p>Refer to next page for format.</p>

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Third Party Vendors (Dial-Up and Leased-Line)

“Additional Message Information” (field 526-FQ) contains the following data elements:

Other Health Coverage codes, Health Coverage Plan codes and coverage, and Share of Cost information will be shown in the 100-character area that currently contains the Explanation of Benefits/Remittance Advice (EOB/RA) denial codes in field number 526, field ID “FQ”. Denial codes will occupy the first 25 character positions. The rest of the eligibility information will occupy positions 26 through 100. A breakdown of field 526 follows:

<u>Position</u>	<u>Value</u>	<u>Position</u>	<u>Value</u>
01-45	Text Message (may be blank)	104-115	Share of Cost case number - 2nd occurrence
46-70	Up to five denial codes	116	Space
71	"O" indicates Other Health Coverage	117-123	Share of Cost amount \$_____
72-75	Other Coverage code (for example, K = Kaiser, I = Metropolitan, B = Blue Cross)	124	Space
76	Space	125-136	Share of Cost case number - 3rd occurrence
77	"H" indicates Health Coverage Plan	137	Space
78-80	Health Coverage Plan number	138-144	Share of Cost amount \$_____
81	Space	145	"M" indicates there are more than three occurrences. Additional Share of Cost case numbers are not listed in this transaction. Call AEVS at 1-800-456-2387 for additional SOC case numbers.
82	"S" indicates Share of Cost		
83-94	Share of Cost case number - 1st occurrence		
95	Space		
96-102	Share of Cost amount \$_____		
103	Space		

Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

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Response DUR/PPS Segment

Optional segment for all Transmission Accepted Responses (including those with rejected transactions).

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	24 = Response DUR/PPS Segment
FS	J6	Field Separator	A	3	X'1C' J6
567	J6	DUR/PPS Response Code Counter	N	1	Medi-Cal will return up to <u>9</u> occurrences. Occurrence number for following set of fields: <ul style="list-style-type: none"> • Reason for Service Code • Clinical Significance Code • Other Pharmacy Indicator • Previous Date of Fill • Quantity of Previous Fill • Database Indicator • Other Prescriber Indicator • DUR Free Text Message
FS	E4	Field Separator	A	3	X'1C' E4
439	E4	Reason for Service Code	A/N	2	Refer to the Medi-Cal provider manual for valid values. Must be present with field 567-J6.
FS	FS	Field Separator	A	3	X'1C' FS
528	FS	Clinical Significance Code	A/N	1	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor Must be present with field 567-J6.
FS	FT	Field Separator	A	3	X'1C' FT
529	FT	Other Pharmacy Indicator	N	1	0 = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy Must be present with field 567-J6.
FS	FU	Field Separator	A	3	X'1C' FU
530	FU	Previous Date of Fill	N	8	(CCYYMMDD) Must be present with field 567-J6.
FS	FV	Field Separator	A	3	X'1C' FV
531	FV	Quantity of Previous Fill	N	10	Implied format 9999999.999 Must be present with field 567-J6.

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Response DUR/PPS Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	FW	Field Separator	A	3	X'1C' FW
532	FW	Database Indicator	A/N	1	Blank = Not Specified 1 = First Databank 2 = Medi-Span 3 = Redbook 4 = Processor Developed 5 = Other Must be present with field 567-J6.
FS	FX	Field Separator	A	3	X'1C' FX
533	FX	Other Prescriber Indicator	N	1	0 = Not Specified 1 = Same Prescriber 2 = Other Prescriber Must be present with field 567-J6.
FS	FY	Field Separator	A	3	X'1C' FY
544	FY	DUR Free Text Message	A/N	30	Will contain additional information regarding the DUR data. Must be present with field 567-J6.

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Pharmacy Billing – Transmission Rejected/Transaction Rejected Response

This is a response where the Header Response Status in the Response Header Segment equals "R" (Rejected), and the Transaction Response Status in the Response Status Segment equals "R" (Rejected).

When the transmission is rejected, all transactions within the transmission are rejected.

**Diagram for One Prescription –
Transmission Rejected/Transaction Rejected Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory First Response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment

**Diagram for Two Prescriptions –
Transmission Rejected/Transaction Rejected Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory First Response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
Mandatory Second Response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment

**Diagram for Three and Four Prescriptions –
Transmission Rejected/Transaction Rejected Response**

The diagram for three or four rejected responses is the same as the general diagram for two rejected responses with the added recurrence of the mandatory and optional segments for the third and fourth transactions.

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Billing Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

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Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	<p>01 = one set of data follows 02 = two sets of data follow : : 20 = 20 sets of data follow</p> <p>Maximum of 20 reject codes will be returned by Medi-Cal.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> Reject Code Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	<p>Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values.</p> <p>Repeating field depending on count in field 510-FA.</p>
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	<p>Contains text message area, denial code and eligibility-related information.</p> <p>Refer to the next page for format.</p>

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Third Party Vendors (Dial-Up and Leased-Line)

“Additional Message Information” (field 526-FQ) contains the following data elements:

Other Health Coverage codes, Health Coverage Plan codes and coverage, and Share of Cost information will be shown in the 100-character area that currently contains the EOB/RA denial codes in field number 526, field ID “FQ”. Denial codes will occupy the first 25 character positions. The rest of the eligibility information will occupy positions 26 through 100. A breakdown of field 526 follows:

<u>Position</u>	<u>Value</u>	<u>Position</u>	<u>Value</u>
01-45	Text Message (may be blank)	104-115	Share of Cost case number - 2nd occurrence
46-70	Up to five denial codes	116	Space
71	"O" indicates Other Health Coverage	117-123	Share of Cost amount \$_____
72-75	Other Coverage code (for example, K = Kaiser, I = Metropolitan, B = Blue Cross)	124	Space
76	Space	125-136	Share of Cost case number - 3rd occurrence
77	"H" indicates Health Coverage Plan	137	Space
78-80	Health Coverage Plan number	138-144	Share of Cost amount \$_____
81	Space	145	"M" indicates there are more than three occurrences. Additional Share of Cost case numbers are not listed in this transaction. Call AEVS at 1-800-456-2387 for additional SOC case numbers.
82	"S" indicates Share of Cost		
83-94	Share of Cost case number - 1st occurrence		
95	Space		
96-102	Share of Cost amount \$_____		
103	Space		

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Pharmacy Reversal - Request

The standard drug reversal request can be built by filling out the Header Segment and the Claim Segment once. Medi-Cal only allows for one detail on a reversal, thus the Claim Segment only needs to be filled out once.

The following diagrams show the various components of a reversal transaction with one detail.

Diagram for One Reversal Request

Mandatory
Transaction Header Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment

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Pharmacy Reversal Request - Required Header

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
101	A1	BIN Number	N	6	610442
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	N	2	B2 = Reversal
104	A4	Processor Control Number	A/N	10	Not Used
109	A9	Transaction Count	A/N	1	1 = One Rx Reversal
202	B2	Service Provider ID Qualifier	A/N	2	05 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	(Submitter ID – 3 Provider Number – 9 Last 3 characters – spaces)
401	D1	Date of Service	N	8	(Date of Service – CCYYMMDD)
110	AK	Software Vendor/ Certification ID	A/N	10	(PC/POS Version Number)

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Pharmacy Reversal Request – Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	1 – 7	(Rx Number)
FS	E1	Field Separator	A	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	03 = National Drug Code (NDC)
FS	D7	Field Separator	A	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number) Note: Although required on a NCPDP 5.1 reversal, Medi-Cal will not use this field for matching the reversal to the original claim.

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Pharmacy Reversal - Responses

This section contains high-level diagrams of the response formats for transmission of pharmacy reversal transactions.

Response Header, field Header Response Status (501-F1) is limited to:

“A” for transmission *“accepted”*

“R” for transmission *“rejected”*

Response Status Segment, field Transaction Response Status (112-AN) is limited to:

“A” for *“approved”*

“R” for *“rejected”*

For every response, the following rules apply:

- The Response Header segment is mandatory and will appear first in the response.
- The Response Message segment follows, and is optional.
- The Response Status segment is mandatory.
- Other response segments are mandatory, optional, or not mandatory according to the documentation that follows about each segment.
- The Transaction Count on the response should match the Transaction Count sent in on the request, and should match the number of responses returned in the transmission.

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Third Party Vendors (Dial-Up and Leased-Line)

Response Status for Reversals

For multiple transactions within a transmission, the Response Status segment is repeated for each transaction. An 'Acceptable' transmission response may contain paid, captured, approved and rejected status codes for multiple transactions.

If all transactions are rejected then each transaction should contain status codes that have values. A status code response will be transmitted for all submitted transactions whether approved, rejected for unacceptable header information, or rejected for unacceptable transaction information.

If the status code indicates the header data is unacceptable, all detail items submitted are in error and the reject codes that are applicable are present in the first transaction reject code list in addition to any reject codes that are specific to the first transaction.

Transaction Type	Response Status		Comment
	Response Header Segment - Header Response Status	Response Status Segment - Transaction Response Status	
Reversal	A	A	Transmission Accepted. Transaction Approved.
	A	R	Transmission Accepted. Transaction Rejected.
	R	R	Transmission Rejected. Transaction Rejected.

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Pharmacy Reversal Response - Transmission Accepted/Transaction Approved

The Pharmacy Reversal response for a "Transmission Accepted/Transaction Approved" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment and Response Claim segment. The following diagram shows the various components of the reversal response transaction.

**Diagram for One Reversal –
Transmission Accepted/Transaction Approved Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment

Reversal Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B2 = Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Reversal
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

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Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg@>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	A = Approved
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	

Response Claim Segment

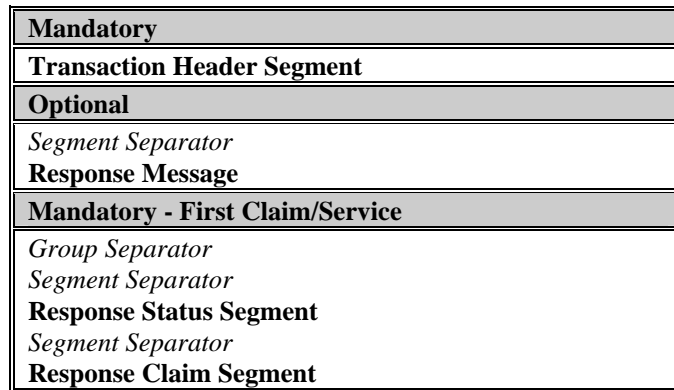
Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

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Pharmacy Reversal Response - Transmission Accepted/Transaction Rejected

The Pharmacy Reversal response for a "Transmission Accepted/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment and Response Claim segment. The following diagram shows the various components of the reversal response transaction.

**Diagram for One Reversal –
Transmission Accepted/Transaction Rejected Response**



Reversal Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B2 = Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Reversal
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

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Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg@>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	<p>01 = one set of data follows 02 = two sets of data follow : : 10 = 10 sets of data follow</p> <p>Maximum of 10 reject codes will be returned by Medi-Cal.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> Reject Code Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	<p>Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values.</p> <p>Repeating field depending on count in field 510-FA.</p>
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	<p>Will contain:</p> <p>Text message – positions 1 – 73</p> <p>Denial codes – positions 74 – 78</p>

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Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

Pharmacy Reversal Response - Transmission Rejected/Transaction Rejected

The Pharmacy Reversal response for a "Transmission Rejected/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment and Response Status segment. The following diagram shows the various components of the reversal response transaction.

**Diagram for One Reversal –
Transmission Rejected/Transaction Rejected Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i>
Response Message
Mandatory - First Claim/Service
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment

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Reversal Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B2 = Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Reversal
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

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Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaapppnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg@>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	<p>01 = one set of data follows 02 = two sets of data follow : : 10 = 10 sets of data follow</p> <p>Maximum of 10 reject codes will be returned by Medi-Cal.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> Reject Code Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	<p>Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values.</p> <p>Repeating field depending on count in field 510-FA.</p>
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	<p>Will contain:</p> <p>Text message – positions 1 – 73</p> <p>Denial codes – positions 74 – 78</p>

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Pharmacy DUR Alert Cancellation - Request

The user may cancel a claim that causes a DUR alert. The Pharmacy Claim Transaction - DUR Alert Cancellation will be built by filling out the Header segment, Patient segment and Insurance segment once. For each claim detail line, fill out the Claim segment, Prescriber segment, Coordination of Benefits/Other Payments segment, DUR/PPS segment, Pricing segment and Clinical segment as a set for each claim detail. The following diagram shows the various components of the DUR Alert Cancellation Request transaction.

**Diagram for One Prescription -
DUR Alert Cancellation Transaction**

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment <i>Segment Separator</i> Patient Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment <i>Segment Separator</i> Prescriber Segment
Optional
<i>Segment Separator</i> Coordination of Benefits/Other Payments Segment <i>Segment Separator</i> DUR/PPS Segment <i>Segment Separator</i> Clinical Segment

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Transaction Header Segment

Note: Truncation within the Header segment is not allowed.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
101	A1	BIN Number	N	6	610442
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
104	A4	Processor Control Number	A/N	10	Not used
109	A9	Transaction Count	A/N	1	1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
202	B2	Service Provider ID Qualifier	A/N	2	05 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	(Submitter ID – 3 Provider Number – 9 Last 3 characters – spaces)
401	D1	Date of Service	N	8	(Date of Service – CCYYMMDD)
110	AK	Software Vendor/ Certification ID	A/N	10	(PC/POS Version Number)

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Insurance Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	04 = Insurance
FS	C2	Field Separator	A	3	X'1C' C2
302	C2	Cardholder Identification Number	A/N	1 – 20 (15 or 20)	(Medi-Cal Recipient ID plus Date of Issue) Must be one of the following: 1. CIN (9 characters) plus the BIC Issue Date (YYMMDD) 2. MEDS ID (9 characters) plus the BIC Issue Date (YYMMDD) 3. BID (14 characters) plus the BIC Issue Date (YYMMDD) 4. BIC ID (14 characters) plus the BIC Issue Date (YYMMDD)

Patient Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	01 = Patient Segment
FS	C4	Field Separator	A	3	X'1C' C4
304	C4	Date of Birth	N	8	(CCYYMMDD)
FS	C5	Field Separator	A	3	X'1C' C5
305	C5	Patient Gender Code	N	1	0 = Not Specified 1 = Male 2 = Female
FS	C7	Field Separator	A	3	X'1C' C7
307	C7	Patient Location	N	2	0 = Not Specified 2 = Inter-Care 7 = Skilled Care Facility 8 = Sub-Acute Care Facility

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Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	1 – 7 (7)	(Rx Number)
FS	E1	Field Separator	A	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	03 = National Drug Code (NDC)
FS	D7	Field Separator	A	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number)
FS	E7	Field Separator	A	3	X'1C' E7
442	E7	Quantity Dispensed	N	1 – 10	Implied Format = 9999999.999 Refer to note on next page.
FS	D5	Field Separator	A	3	X'1C' D5
405	D5	Days Supply	N	1 – 3	(Days Supply)
FS	D6	Field Separator	A	3	X'1C' D6
406	D6	Compound Code	N	1	0 = Not Specified 1 = Not a Compound 2 = Compound
FS	DK	Field Separator	A	3	X'1C' DK
420	DK	Submission Clarification Code	N	2	0 = Not Specified 7 = Medically Necessary (Indicates that Code 1 Restrictions have been met)

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Claim Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	C8	Field Separator	A	3	X'1C' C8
308	C8	Other Coverage Code	N	2	0 = Not Specified 1 = No other coverage identified 2 = Other coverage exists-payment collected 3 = Other coverage exists-this claim not covered 4 = Other coverage exists-payment not collected 5 = Managed care plan denial 7 = Other coverage exists-not in effect at time of service
FS	EU	Field Separator	A	3	X'1C' EU
461	EU	Prior Authorization Type Code	N	2	1 = Prior Authorization 3 = EPSDT (Early and Periodic Screening, Diagnosis and Treatment) 6 = Family Plan Ind. Note: The Prior Authorization Number (field 462-EV) will only be mapped as a TAR number if the Prior Authorization Type Code is one of the above values.
FS	EV	Field Separator	A	3	X'1C' EV
462	EV	Prior Authorization/ Medical Certification Code and Number	N	1 – 12 (11)	(Tar Control Number)

Note:

For field number 442-E7, Quantity Dispensed, the following format will be required based on the date of service:

For dates of service prior to October 1, 2002, the quantity dispensed must be submitted as a whole number, no decimal. This requires that 3 zeros be added to the quantity value due to the implied decimal format. For example, if a quantity of 4 is submitted, it must be submitted as 4000. If other than zeros are found in the 3 decimal positions, the claim will be rejected.

For dates of service on or after October 1, 2002, the quantity dispensed must be submitted with metric decimal quantities.

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Pricing Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	11= Pricing Segment
FS	DX	Field Separator	A	3	X'1C' DX
433	DX	Patient Paid Amount	D	1 - 8	(Patient Share of Cost Collected - s\$\$\$\$\$cc)
FS	DU	Field Separator	A	3	X'1C' DU
430	DU	Gross Amount Due	D	1 - 8	(s\$\$\$\$\$cc) Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (480-H9).
FS	DN	Field Separator	A	3	X'1C' DN
423	DN	Basis of Cost Determination	A/N	2	00 = Not Specified 09 = Other (Indicates Disproportionate Share/Public Health Service)

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Prescriber Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	03 = Prescriber Segment
FS	EZ	Field Separator	A	3	X'1C' EZ
466	EZ	Prescriber ID Qualifier	A/N	2	08 = State License
FS	DB	Field Separator	A	3	X'1C' DB
411	DB	Prescriber ID	A/N	1 – 15 (9)	(Prescriber License Number)

COB/Other Payments Segment

Optional segment – only send if there is Other Payment Information to be sent.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	05 = COB/Other Payments Segment
FS	4C	Field Separator	A	3	X'1C' 4C
337	4C	Coordination of Benefits/Other Payments Count	N	1	1 = one set of data follows Maximum of 1 occurrence supported by Medi-Cal. If more than 1 occurrence is submitted, the transaction will be rejected. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Other Payer Coverage Type • Other Payer Amount Paid Count • Other Payer Amount Paid Qualifier • Other Payer Amount Paid
FS	5C	Field Separator	A	3	X'1C' 5C
338	5C	Other Payer Coverage Type	A/N	2	Blank = Not Specified 99 = Composite (Indicates that the Other Payer Amount Paid is the total received from all payers) Repeating field depending on count in field 337-4C.

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COB/Other Payments Segment *(continued)*

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
FS	HB	Field Separator	A	3	X'1C' HB
341	HB	Other Payer Amount Paid Count	N	1	<p>1 = one set of data follows</p> <p>Maximum of 1 occurrence supported by Medi-Cal. If more than 1 occurrence is submitted, the transaction will be rejected.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Other Payer Amount Paid Qualifier • Other Payer Amount Paid <p>Occurrence depending on count in field 337-4C.</p>
FS	HC	Field Separator	A	3	X'1C' HC
342	HC	Other Payer Amount Paid Qualifier	A/N	2	<p>08 = Sum of All Reimbursement</p> <p>Occurrence depending on count in field 341-HB</p>
FS	DV	Field Separator	A	3	X'1C' DV
431	DV	Other Payer Amount Paid	D	1 - 8	<p>(Other Coverage Amount for current payer – s\$\$\$\$\$cc)</p> <p>This should contain the sum of all reimbursement received from all other coverage payers.</p> <p>Occurrence depending on count in field 341-HB</p>

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DUR/PPS Segment
Mandatory Segment for DUR Cancellation

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	08 = DUR/PPS Segment
FS	7E	Field Separator	A	3	X'1C' 7E
473	7E	DUR/PPS Code Counter	N	1	1 = one set of DUR data Maximum of <u>1</u> occurrence supported by Medi-Cal. Occurrence number for following set of fields: <ul style="list-style-type: none"> • Reason for Service Code • Professional Service Code • Result of Service Code
FS	E4	Field Separator	A	3	X'1C' E4
439	E4	Reason for Service Code	A/N	2	(DUR Conflict Code) Refer to Note 1 below. Must be present with field 473-7E.
FS	E5	Field Separator	A	3	X'1C' E5
440	E5	Professional Service Code	A/N	2	(DUR Intervention Code) Refer to the Medi-Cal provider manual for valid values. Must be present with field 473-7E.
FS	E6	Field Separator	A	3	X'1C' E6
441	E6	Result of Service Code	A/N	2	(DUR Outcome Code) Refer to Note 2 below. Must be present with field 473-7E.

Notes:

1. The value of this field will be filled in by the submitter. This value must correspond to a value that was originally returned by the host system.
2. This field should equal "2A" or "2B" when canceling the claim because of DUR alerts.

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Clinical Segment

Optional segment – only send if there are diagnosis codes to be sent.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	13 = Clinical Segment
FS	VE	Field Separator	A	3	X'1C' VE
491	VE	Diagnosis Code Count	N	1	<p>Medi-Cal supports up to 2 diagnosis codes. The first occurrence will be considered the primary diagnosis and the second occurrence will be the secondary diagnosis. All others will be bypassed.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Diagnosis Code Qualifier • Diagnosis Code
FS	WE	Field Separator	A	3	X'1C' WE
492	WE	Diagnosis Code Qualifier	A/N	2	<p>01 = International Classification of Diseases (ICD-9)</p> <p>Repeating field depending on count found in field 491-VE.</p>
FS	DO	Field Separator	A	3	X'1C' DO
424	DO	Diagnosis Code	A/N	1 – 15 (6)	<p>Repeating field depending on count found in field 491-VE.</p> <p>This field requires an explicit decimal point. Medi-Cal accepts the ICD-9 diagnosis code format. Therefore the maximum length Medi-Cal can currently accept for this field is 6 characters (5 characters plus an explicit decimal point).</p>

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Pharmacy DUR Alert Cancellation - Responses

This section contains high-level diagrams of the response formats for transmission of pharmacy billing transactions.

Response Header, field Header Response Status (501-F1) is limited to:

“A” for transmission *“accepted”*
“R” for transmission *“rejected”*

Response Status Segment, field Transaction Response Status (112-AN) is limited to:

“C” for *“captured”*
“R” for *“rejected”*

For every response, the following rules apply:

- The Response Header segment is mandatory and will appear first in the response.
- The Response Message segment follows, and is optional.
- The Response Status segment is mandatory.
- Other response segments are mandatory, optional, or not mandatory according to the documentation that follows about each segment.
- The Transaction Count on the response should match the Transaction Count sent in on the request, and should match the number of responses returned in the transmission.

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Response Status for DUR Alert Cancellations

For multiple transactions within a transmission, the Response Status segment is repeated for each transaction. An "Acceptable" transmission response may contain paid, captured, approved and rejected status codes for multiple transactions.

If all transactions are rejected then each transaction should contain status codes that have values. A status code response must be transmitted for all submitted transactions whether approved, rejected for unacceptable header information, or rejected for unacceptable transaction information.

If the status code indicates the header data is unacceptable, all detail items submitted are in error and the reject codes that are applicable are present in the first transaction reject code list in addition to any reject codes that are specific to the first transaction. Any reject codes that are applicable are present in the second and subsequent transaction, along with reject codes that are specific to the second or subsequent transaction.

Transaction Type	Response Status		Comment
	Response Header Segment - Header Response Status	Response Status Segment - Transaction Response Status	
Billing	A	C	Transmission Accepted. Transaction Captured.
	R	R	Transmission Rejected. Transaction Rejected.

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Pharmacy DUR Alert Cancellation – Transmission Accepted/Transaction Captured

The general segment layout for one accepted response follows. This is a response where the Header Response Status in the Response Header Segment equals "A" (Accepted) and the Transaction Response Status in the Response Status Segment equals "C" (Captured).

Optional segments may or may not be used. This diagram does not infer that all optional segments may be used in any given transaction. Refer to the response documentation that follows for which segments are mandatory, optional, or not required.

The Response Status Segment will have response information to match up to each transaction in the request. Each transaction response will contain its own Transaction Response Status, and therefore, each transaction may receive a different response. Transaction one might be captured, Transaction two might be rejected, **or** Transaction one might be rejected, transaction two might be captured, et cetera.

**Diagram for One DUR Cancellation -
Transmission Accepted/Transaction Captured Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory First Response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
<i>Segment Separator</i>
Response Claim Segment

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DUR Alert Cancellation Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

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Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

Medi-Cal POS
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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	C = Captured
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	Will contain a text message.

Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

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Pharmacy DUR Alert Cancellation – Transmission Rejected/Transaction Rejected

The general segment layout for one rejected response follows. This is a response where the Header Response Status in the Response Header Segment equals "R" (Rejected) and the Transaction Response status in the Response Status Segment equals "R" (Rejected).

Optional segments may or may not be used. This diagram does not infer that all optional segments may be used in any given transaction. Refer to the response documentation that follows for which segments are mandatory, optional, or not required.

The Response Status Segment will have response information to match up to each transaction in the request. Each transaction response will contain its own Transaction Response Status and therefore, each transaction may receive a different response. Transaction one might be captured, Transaction two might be rejected, **or** Transaction one might be rejected, Transaction two might be captured, et cetera.

**Diagram for One DUR Cancellation -
Transmission Rejected/Transaction Rejected Response**

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory First Response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment

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DUR Billing Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Billing 2 = Two Rx Billings 3 = Three Rx Billings 4 = Four Rx Billings
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Medi-Cal POS
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Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

Medi-Cal POS
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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	

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Medi-Cal Drug Pricing Inquiry (NCPDP Version 5.1) – Request

The standard Medi-Cal Drug Pricing Inquiry transaction can be built by filling out the Header segment and Insurance segment once. For each claim detail line, fill out the Claim segment and Pricing segment as a set for each claim detail.

The standard transaction may consist of a maximum of 4 Claim Detail sets. The following diagrams show the various components of a transaction with one to four prescriptions.

Diagram for One Pricing Inquiry

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment

Medi-Cal POS
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Diagram for Two Pricing Inquiries

Mandatory
Transaction Header Segment <i>Segment Separator</i> Insurance Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment
Mandatory - Second Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Pricing Segment

Diagram for Three or Four Pricing Inquiries

The diagram for three or four pricing inquiries is the same as the general diagram for two pricing inquiries with the added recurrence of the mandatory segments for the third and fourth transactions.

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Transaction Header Segment

Note: Truncation within the Header segment is not allowed.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
101	A1	BIN Number	N	6	008589
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
104	A4	Processor Control Number	A/N	10	Not used
109	A9	Transaction Count	A/N	1	1 = One Rx Inquiry 2 = Two Rx Inquiries 3 = Three Rx Inquiries 4 = Four Rx Inquiries
202	B2	Service Provider ID Qualifier	A/N	2	05 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	(Submitter ID – 3 Provider Number – 9 Last 3 characters – spaces)
401	D1	Date of Service	N	8	(Date of Service – CCYYMMDD)
110	AK	Software Vendor/ Certification ID	A/N	10	(PC/POS Version Number)

Insurance Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	04 = Insurance
FS	C2	Field Separator	A	3	X'1C' C2
302	C2	Cardholder Identification Number	A/N	1 – 20	For Medicare Pricing Inquiries, an ID is not required but this field must be submitted to meet NCPDP 5.1 standards. Therefore, any type of recipient ID will be accepted. For example, a MEDS ID, CIN, SSN, BIC ID or a dummy number. Left justify and space fill.

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Third Party Vendors (Dial-Up and Leased-Line)

Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	1 – 7 (7)	
FS	E1	Field Separator	A	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	03 = National Drug Code (NDC)
FS	D7	Field Separator	A	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number)
FS	E7	Field Separator	A	3	X'1C' E7
442	E7	Quantity Dispensed	N	1 – 10	Implied Format = 9999999.999 Refer to note on next page.
FS	EU	Field Separator	A	3	X'1C' EU
461	EU	Prior Authorization Type Code	N	2	0 = Not Specified (indicates drug inquiry on a non-brand-name drug) 1 = Prior Authorization (indicates drug inquiry on a brand-name drug). This will override any federal or state upper price limits in cases where a patient insists on receiving a brand-name drug when a generic-equivalent drug is available).
FS	EV	Field Separator	A	3	X'1C' EV
462	EV	Prior Authorization / Medical Certification Code and Number	N	1 – 12 (11)	(Tar Control Number) A value of '1' in position 1 with all remaining values set to zero and a Prior Authorization Type Code equal to '1' indicates inquiring on a brand name drug. A Value of '1' in position 11 with all remaining values set to zero and a Prior Authorization Type Code equal to '1' also indicates inquiring on a brand name drug. All zeros in the TCN field and a Prior Authorization Type Code equal to '0' indicates a non brand name drug inquiry.

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Note:

For field number 442-E7 (Quantity Dispensed) the following format will be required based on the date of service:

For dates of service prior to October 1, 2002, the quantity dispensed must be submitted as a whole number, no decimal. This requires that 3 zeros be added to the quantity value due to the implied decimal format. For example, if a quantity of 4 is submitted, it must be submitted as 4000. If other than zeros are found in the 3 decimal positions, the claim will be rejected.

For dates of service on or after October 1, 2002, the quantity dispensed must be submitted with metric decimal quantities.

Pricing Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	11= Pricing Segment
FS	DU	Field Separator	A	3	X'1C' DU
430	DU	Gross Amount Due	D	1 - 8	(s\$\$\$\$\$cc)

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Medi-Cal Drug Pricing Inquiry - Responses

This section contains high-level diagrams of the response formats for transmission of Medi-Cal Pricing Inquiry transactions.

Response Header, field Header Response Status (501-F1), is limited to:

“A” for transmission *“accepted”*
“R” for transmission *“rejected”*

Response Status Segment, field Transaction Response Status (112-AN), is limited to:

“P” for *“paid”*
“R” for *“rejected”*

For every response, the following rules apply:

- The Response Header segment is mandatory and will appear first in the response.
- The Response Message segment follows, and is optional.
- The Response Status segment is mandatory.
- Other response segments are mandatory, optional, or not mandatory according to the documentation that follows about each segment.
- The Transaction Count on the response should match the Transaction Count sent in on the request, and should match the number of responses returned in the transmission.

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Response Status for Medi-Cal Pricing Inquiries

For multiple transactions within a transmission, the Response Status segment is repeated for each transaction. An "Acceptable" transmission response may contain paid, captured, approved and rejected status codes for multiple transactions.

If all transactions are rejected then each transaction should contain status codes that have values. A status code response must be transmitted for all submitted transactions whether approved, rejected for unacceptable header information, or rejected for unacceptable transaction information.

If the status code indicates the header data is unacceptable, all detail items submitted are in error and the reject codes that are applicable are present in the first transaction reject code list in addition to any reject codes that are specific to the first transaction.

Transaction Type	Response Status		Comment
	Response Header Segment - Header Response Status	Response Status Segment – Transaction Response Status	
Billing	A	P	Transmission Accepted. Transaction Paid.
	A	R	Transmission Accepted. Transaction Rejected.
	R	R	Transmission Rejected. Transaction Rejected.

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Third Party Vendors (Dial-Up and Leased-Line)

The Medi-Cal Pricing Inquiry response for a "Transmission Accepted/Transaction Approved" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Pricing segment and Response Claim segment. The following diagram shows the various components of the pricing inquiry response transaction.

**Diagram for One Pricing Inquiry –
Transmission Accepted/Transaction Paid or Duplicate of Paid Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment <i>Segment Separator</i> Response Pricing Segment

**Diagram for Two Pricing Inquiries –
Transmission Accepted/Transaction Paid Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment <i>Segment Separator</i> Response Pricing Segment
Mandatory - Second Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment <i>Segment Separator</i> Response Pricing Segment

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NCPDP Pharmacy Transaction Specifications
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**Diagram for Three or Four Pricing Inquiries–
Transmission Accepted/Transaction Paid Response**

The diagram for three or four pricing inquiries is the same as the general diagram for two pricing inquiries with the added recurrence of the mandatory segments for the third and fourth transactions.

Billing Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Inquiry 2 = Two Rx Inquiries 3 = Three Rx Inquiries 4 = Four Rx Inquiries
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Medi-Cal POS
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Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaapppnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	P = Paid
FS	FQ	Field Separator	A	3	X'1C'FQ
526	FQ	Additional Message Information	A/N	1-200	

Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	7	Same as input transaction

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Response Pricing Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	23 = Response Pricing Segment
FS	F5	Field Separator	A	3	X'1C' F5
505	F5	Patient Pay Amount	D	8	s\$\$\$\$\$cc – This field contains the desired Medi-Cal Reimbursement amount, including fixed electronic transmission fee.
FS	F9	Field Separator	A	3	X'1C' F9
509	F9	Total Amount Paid	D	8	(00000000) This field contains zeros for pricing inquiries.

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Medi-Cal Drug Pricing Inquiry Response - Transmission Accepted/Transaction Rejected

The Medi-Cal Pricing Inquiry response for a "Transmission Accepted/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment and Response Claim segment. The following diagram shows the various components of the pricing inquiry response transaction.

**Diagram for One Pricing Inquiry –
Transmission Accepted/Transaction Rejected Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory – First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment

Medi-Cal POS
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**Diagram for Two Pricing Inquiries –
Transmission Accepted/Transaction Rejected Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory – First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment
Mandatory – First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment

**Diagram for Three or Four Pricing Inquiries–
Transmission Accepted/Transaction Rejected Response**

The diagram for three or four pricing inquiries is the same as the general diagram for two pricing inquiries with the added recurrence of the mandatory segments for the third and fourth transactions.

Pricing Inquiry Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Inquiry 2 = Two Rx Inquiries 3 = Three Rx Inquiries 4 = Four Rx Inquiries
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Medi-Cal POS
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Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappppnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	01 = one set of data follows 02 = two sets of data follow : : 20 = 20 sets of data follow Maximum of 20 reject codes will be returned by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Reject Code • Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	Contains text message area and denial code(s). Refer to below for format. Refer to the provider manual for values.

“Additional Message Information” (field number 526-FQ) contains the following data elements:

<u>Position</u>	<u>Value</u>
01-45	Text Message
46-70	Up to five denial codes

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Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	7	Same as input transaction

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Medi-Cal Drug Pricing Inquiry Response - Transmission Rejected/Transaction Rejected

The Medi-Cal pricing inquiry response for a "Transmission Rejected/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment and Response Status segment. The following diagram shows the various components of the Medi-Cal pricing inquiry response transaction.

**Diagram for One Pricing Inquiry –
Transmission Rejected/Transaction Rejected Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment

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**Diagram for Two Pricing Inquiries –
Transmission Rejected/Transaction Rejected Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment

**Diagram for Three or Four Pricing Inquiries–
Transmission Rejected/Transaction Rejected Response**

The diagram for three or four pricing inquiries is the same as the general diagram for two pricing inquiries with the added recurrence of the mandatory segments for the third and fourth transactions.

Pricing Inquiry Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B1 = Billing
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Inquiry 2 = Two Rx Inquiries 3 = Three Rx Inquiries 4 = Four Rx Inquiries
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

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Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus 2 delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	01 = one set of data follows 02 = two sets of data follow : : 20 = 20 sets of data follow Maximum of 20 reject codes will be returned by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Reject Code • Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	Contains text message area and denial code(s). Refer to below for format. Refer to the provider manual for values.

“Additional Message Information” (field number 526-FQ) contains the following data elements:

<u>Position</u>	<u>Value</u>
01-45	Text Message
46-70	Up to five denial codes

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Medi-Cal Drug Pricing Inquiry Reversal - Request

The standard Medi-Cal Drug Pricing Inquiry Reversal transaction can be built by filling out the Header segment and Claim segment once. Only one claim detail is allowed for Medi-Cal on a reversal; therefore, only one claim segment should be submitted. There is no reason for Medi-Cal to require that a pricing inquiry be reversed. However, the procedure for submitting a reversal is included to assist submitters that may require this functionality (for example, to submit a reversal to clear the price inquiry from the submitter's own system).

The following diagrams show the various components of a transaction for one reversal.

Diagram for One Pricing Inquiry Reversal

Mandatory
Transaction Header Segment <i>Segment Separator</i>
Insurance Segment
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment

Transaction Header Segment

Note: Truncation within the Header segment is not allowed.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
101	A1	BIN Number	N	6	008589
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	N	2	B2 = Reversal
104	A4	Processor Control Number	A/N	10	Not used
109	A9	Transaction Count	A/N	1	1 = One Rx Inquiry Reversal
202	B2	Service Provider ID Qualifier	A/N	2	05 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	(Submitter ID – 3 Provider Number – 9 Last 3 characters – spaces)
401	D1	Date of Service	N	8	(Date of Service – CCYYMMDD)
110	AK	Software Vendor/ Certification ID	A/N	10	(PC/POS Version Number)

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Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	1 – 7 (7)	
FS	E1	Field Separator	A	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	03 = National Drug Code (NDC)
FS	D7	Field Separator	A	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number) Note: Although required on a NCPDP 5.1 reversal, Medi-Cal will not use this field for matching the reversal to the original claim.

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Medi-Cal Drug Pricing Inquiry Reversal - Responses

This section contains high-level diagrams of the response formats for transmissions of Medi-Cal Drug Pricing Inquiry Reversal transactions.

Response Header, field Header Response Status (501-F1,) is limited to:

"A" for transmission *"accepted"*
"R" for transmission *"rejected"*

Response Status Segment, field Transaction Response Status (112-AN), is limited to:

"A" for *"approved"*

For every response, the following rules apply:

- The Response Header segment is mandatory and will appear first in the response.
- The Response Message segment follows, and is optional.
- The Response Status segment is mandatory.
- Other response segments are mandatory, optional, or not mandatory according to the documentation that follows about each segment.
- The Transaction Count on the response should match the Transaction Count sent in on the request, and should match the number of responses returned in the transmission.

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Response Status for Medi-Cal Pricing Inquiry Reversals

For multiple transactions within a transmission, the Response Status segment is repeated for each transaction. An "Acceptable" transmission response may contain paid, captured, approved and rejected status codes for multiple transactions.

If all transactions are rejected then each transaction should contain status codes that have values. A status code response must be transmitted for all submitted transactions whether approved, rejected for unacceptable header information or rejected for unacceptable transaction information.

If the status code indicates the header data is unacceptable, all detail items submitted are in error and the reject codes that are applicable are present in the first transaction reject code list in addition to any reject codes that are specific to the first transaction.

Transaction Type	Response Status		Comment
	Response Header Segment - Header Response Status	Response Status Segment – Transaction Response Status	
Reversal	A	A	Transmission Accepted. Transaction Approved.
	A	R	Transmission Accepted. Transaction Rejected.
	R	R	Transmission Rejected. Transaction Rejected.

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Medi-Cal Drug Pricing Inquiry Response - Transmission Accepted/Transaction Approved

The Medi-Cal Pricing Inquiry reversal response for a "Transmission Accepted/Transaction Approved" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment and Response Claim segment. The following diagram shows the various components of the pricing inquiry response transaction.

**Diagram for One Pricing Inquiry Reversal –
Transmission Accepted/Transaction Approved**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment

Billing Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B2 = Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Inquiry Reversal
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

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Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappppnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	A = Approved
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	

Response Claim Segment

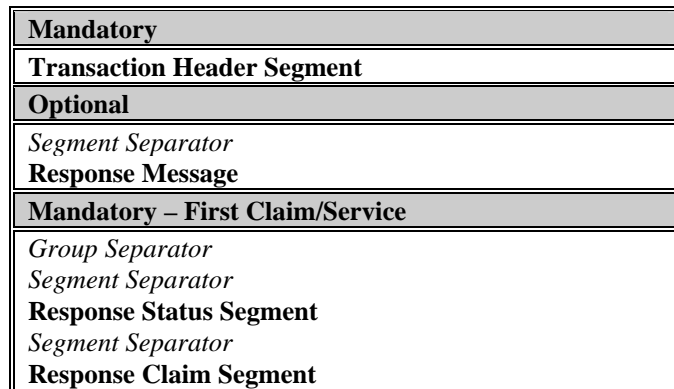
Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/ Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/ Service Reference Number	N	7	Same as input transaction

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**Medi-Cal Drug Pricing Inquiry Reversal Response - Transmission Accepted/
Transaction Rejected**

The Medi-Cal Pricing Inquiry reversal response for a "Transmission Accepted/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment and Response Claim segment. The following diagram shows the various components of the pricing inquiry response transaction.

**Diagram for One Pricing Inquiry Reversal –
Transmission Accepted/Transaction Rejected Response**



Pricing Inquiry Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B2 = Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Inquiry Reversal
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

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Response Message Segment

Optional segment – only present if provider mail to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappppnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	01 = one set of data follows 02 = two sets of data follow : : 10 = 10 sets of data follow Maximum of 10 reject codes will be returned by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	Contains text message area and denial code(s). Refer to below for format. Refer to provider manual for values.

"Additional Message Information" (field number 526-FQ) contains the following data elements:

Position	Value
01-45	Text Message
46-70	Up to five denial codes

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Response Claim Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction 1 = Rx Billing
FS	D2	Field Separator	A	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

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**Medi-Cal Drug Pricing Inquiry Reversal Response - Transmission Rejected/
Transaction Rejected**

The Medi-Cal Pricing Inquiry reversal response for a "Transmission Rejected/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment and Response Status segment. The following diagram shows the various components of the Medi-Cal pricing inquiry response transaction.

**Diagram for One Pricing Inquiry Reversal –
Transmission Rejected/Transaction Rejected Response**

Mandatory
Transaction Header Segment
Optional
<i>Segment Separator</i> Response Message
Mandatory - First Claim/Service
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment

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Pricing Inquiry Response Header Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
102	A2	Version/Release Number	A/N	2	51
103	A3	Transaction Code	A/N	2	B2 = Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction: 1 = One Rx Inquiry Reversal
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	1-15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction (CCYYMMDD)

Response Message Segment

Optional segment – only present if provider mail is to be returned on response.

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail)

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Mail messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (field 504) in the NCPDP transactions. The "<" and the ">" in the Values column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade and other messages, as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	CH<PHONE #>	Contact Help Desk	Phone number will be in the following format: aaappnnnn
Other than position 1	HD<YYMMDD>	Host Date	Date the host system generated the transaction response
Other than position 1	HT<HHMMSS>	Host Time	Time the host system generated the transaction response
Other than position 1	SD<TIME>	CICS Region Down	TIME = Starting time for system maintenance
Other than position 1	SU	Software Upgrade Needed	Notification to Third Party Developers
Other than position 1	HN<host name>	8-character name of the Host	Host Name = AFFCICxx where xx = the CICS Region
Other than position 1	FF<@var len msg @>	Free-form message text delimited by the '@' sign	Variable length free-form message text up to 150 characters in length plus two delimiters

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Response Status Segment

Field Number	Field ID	Field Name	Fmt	Size	Pre-Defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	FA	Field Separator	A	3	X'1C' FA
510	FA	Reject Count	N	2	01 = one set of data follows 02 = two sets of data follow : : 10 = 10 sets of data follow Maximum of 10 reject codes will be returned by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code Reject Field Occurrence Indicator
FS	FB	Field Separator	A	3	X'1C' FB
511	FB	Reject Code	A/N	3	Refer to NCPDP September 1999 Data Dictionary, Appendix F for list of valid values Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1-200	Contains text message area and denial code(s). Refer to below for format. Refer to the provider manual for values.

“Additional Message Information” (field number 526-FQ) contains the following data elements:

<u>Position</u>	<u>Value</u>
01-45	Text Message
46-70	Up to five denial codes

Medi-Cal POS
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Third Party Vendors (Dial-Up and Leased-Line)

4.4 Pharmacy Prior Authorization Transactions

Medi-Cal will accept only the Prior Authorization Reversal (P2), Inquiry (P3), and Request (P4) transactions. Per NCPDP, only one prior authorization transaction per transmission is permitted.

MATCHING CRITERIA

Reversal, inquiry, reauthorization, and deferred prior authorization transactions will be matched to the appropriate existing TAR in Medi-Cal using the Prior Authorization Number and the NDC (Product ID). The Prescription/Service Reference Number (RX Number) and date of service will NOT be used.

Field Definition Information

In the tables following for each transaction type and specified segments, there are two types of data in the transaction format field labeled "*Pre-Defined Values*". Constant values, as defined by the NCPDP Version 5.1 standard, are to be coded as shown in the table that follows. These values are **not** enclosed by parentheses. The application program submitting the data transaction will provide values for those fields that are enclosed by parentheses or those fields that are blank.

The "Size" column states the minimum/maximum size of the field. If there is a number enclosed by parentheses, this specifies the maximum size that the Medi-Cal system can accept. If a field is received that is longer than the Medi-Cal system can handle, all data past the maximum allowed length for Medi-Cal will be truncated (numeric fields will be truncated on the left, alpha/numeric fields will be truncated on the right) with the exception of a few fields that are noted within the definitions for that field.

In the following example, the Product/Service ID can have a minimum of 1 character and a maximum of 19 characters, but Medi-Cal can currently accept only 11 characters for a National Drug Code (NDC):

<u>407</u>	<u>D7</u>	<u>Product/Service ID</u>	<u>A/N</u>	<u>1 –19 (11)</u>	<u>(Product/Service ID)</u>
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If only certain fields on a segment are optional, these fields will be shaded. If the entire segment is optional (meaning it only needs to be sent if there is data needed on it to process the claim), then this will be noted under the Segment Heading.

All dates are in the CCYYMMDD format unless otherwise indicated.

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Prior Authorization Request Only - Request (NCPDP Transaction Code P4)

If more than one prior authorization initial request is received on the same day and the following criteria is met then the prior authorizations that meet this criteria will be 'bundled' together on one TAR in the Medi-Cal system:

1. The existing TAR that the new service may be bundled to is not a compound service (compound services will always only have one service per TAR).
2. None of the services on the existing TAR have been adjudicated.
3. The NDC (product ID) on the new prior authorization request does not exist on the existing TAR.
4. The following fields on the new prior authorization request must match the existing TAR: Recipient ID, Submitting Provider ID, Attachment Indicator, Contact Person Name, Contact Phone Number, Provider Fax Number, Residence Status, and Special Handling.

If multiple prior authorization services are bundled onto the same TAR in the Medi-Cal system then you will receive the same prior authorization number back on multiple responses. Please ensure that when inquiring, reversing, reauthorizing, or deferring a prior authorization service that the correct prior authorization number as well as the correct NDC (product ID) is submitted on the transaction.

Bundling will only take place for initial prior authorization requests.

The prior authorization request only will be built by filling out the Header segment, Insurance segment, Patient segment, Claim segment, Prior Authorization segment, Clinical segment, Prescriber segment, Coordination of Benefits/Other Payments segment, and the Compound segment.

The following diagram shows the various components of the Prior Authorization Request Only transaction.

Diagram for One Prior Authorization Request Only

<u>Mandatory</u>
<u>Transmission Header Segment</u> <u>Segment Separator</u> <u>Insurance Segment</u> <u>Segment Separator</u> <u>Patient Segment (Medi-Cal Mandatory)</u>
<u>Mandatory Transaction Segments</u>
<u>Group Separator</u> <u>Segment Separator</u> <u>Claim Segment</u> <u>Segment Separator</u> <u>Prior Authorization Segment</u> <u>Segment Separator</u> <u>Clinical Segment (Medi-Cal Mandatory)</u>
<u>Optional Transaction Segments</u>
<u>Segment Separator</u> <u>Prescriber Segment</u> <u>Segment Separator</u> <u>Coordination of Benefits/Other Payments Segment</u> <u>Segment Separator</u> <u>Compound Segment</u>

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Prior Authorization Request - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-Defined Values</u>
<u>101</u>	<u>A1</u>	<u>BIN Number</u>	<u>N</u>	<u>6</u>	<u>610442</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P4 = P.A. Request Only</u>
<u>104</u>	<u>A4</u>	<u>Processor Control Number</u>	<u>A/N</u>	<u>10</u>	<u>Not Used by Medi-Cal</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Request</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>05 = Medicaid (Medi-Cal Pharmacy Provider ID)</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>The Service (Pharmacy) Provider ID is made up the following: (Submitter ID – 3 Alpha-Numeric Provider Number – 9 Alpha-Numeric Last 3 characters – spaces)</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>(Date of Service – CCYYMMDD)</u>
<u>110</u>	<u>AK</u>	<u>Software Vendor/ Certification ID</u>	<u>A/N</u>	<u>10</u>	<u>(PC/POS Version Number)</u>

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Prior Authorization Request - Insurance Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>04 = Insurance</u>
<u>FS</u>	<u>C2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' C2</u>
<u>302</u>	<u>C2</u>	<u>Cardholder Identification Number</u>	<u>A/N</u>	<u>1 – 20 (14)</u>	<u>(Medi-Cal Recipient ID)</u> <u>Must be 1 of the following:</u> <ol style="list-style-type: none"> 1. <u>CIN (9 characters)</u> 2. <u>MEDS ID (9 characters)</u> 3. <u>BID (14 characters)</u> 4. <u>CIN (9 characters) plus Check Digit (1 character) plus 4 digit numeric identifier</u>
<u>FS</u>	<u>CC</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' CC</u>
<u>312</u>	<u>CC</u>	<u>Cardholder First Name</u>	<u>A/N</u>	<u>12</u>	<u>(Cardholder First Name)</u> <u>Populate this field only when it is different than the Patient First Name/Last Name on the Patient Segment.</u>
<u>FS</u>	<u>CD</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' CD</u>
<u>313</u>	<u>CD</u>	<u>Cardholder Last Name</u>	<u>A/N</u>	<u>15</u>	<u>(Cardholder Last Name)</u> <u>Populate this field only when it is different than the Patient First Name/Last Name on the Patient Segment.</u>

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Prior Authorization Request - Patient Segment
Medi-Cal Mandatory

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>01 = Patient Segment</u>
<u>FS</u>	<u>C4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' C4</u>
<u>304</u>	<u>C4</u>	<u>Date of Birth</u>	<u>N</u>	<u>8</u>	<u>(Date of Birth - (CCYYMMDD))</u>
<u>FS</u>	<u>C5</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' C5</u>
<u>305</u>	<u>C5</u>	<u>Patient Gender Code</u>	<u>N</u>	<u>1</u>	<u>1 = Male</u> <u>2 = Female</u>
<u>FS</u>	<u>C7</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' C7</u>
<u>307</u>	<u>C7</u>	<u>Patient Location</u>	<u>N</u>	<u>2</u>	<u>1 = Home</u> <u>2 = Inter-Care</u> <u>3 = Nursing Home</u> <u>4 = Long Term/Extended Care</u> <u>5 = Rest Home</u> <u>6 = Boarding Home</u> <u>7 = Skilled Care Facility</u> <u>8 = Sub-Acute Care Facility</u> <u>9 = Acute Care Facility</u> <u>10 = Outpatient</u> <u>11 = Hospice</u>
<u>FS</u>	<u>CA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' CA</u>
<u>310</u>	<u>CA</u>	<u>Patient First Name</u>	<u>A/N</u>	<u>12</u>	<u>(Patient First Name)</u>
<u>FS</u>	<u>CB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' CB</u>
<u>311</u>	<u>CB</u>	<u>Patient Last Name</u>	<u>A/N</u>	<u>15</u>	<u>(Patient Last Name)</u>
<u>FS</u>	<u>CQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' CQ</u>
<u>326</u>	<u>CQ</u>	<u>Patient Phone Number</u>	<u>N</u>	<u>10</u>	<u>(Format=AAAEENNNN</u> <u>AAA=Area Code</u> <u>EEE=Exchange Code</u> <u>NNNN=Number)</u> <u>Examples: A phone number of 212-</u> <u>555-1212 would reflect: 2125551212.</u>

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Prior Authorization Request - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>07 = Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/ Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>1 = RX Billing</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/ Service Reference Number</u>	<u>N</u>	<u>1 – 7</u>	<u>(RX Number)</u>
<u>FS</u>	<u>E1</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' E1</u>
<u>436</u>	<u>E1</u>	<u>Product/Service ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>00 = Default for compound drug claims</u> <u>03 = National Drug Code (NDC)</u>
<u>FS</u>	<u>D7</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D7</u>
<u>407</u>	<u>D7</u>	<u>Product/Service ID</u>	<u>A/N</u>	<u>1 – 19 (11)</u>	<u>(NDC Number)</u> <u>For compound claims, this should be "0".</u>
<u>FS</u>	<u>D6</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D6</u>
<u>406</u>	<u>D6</u>	<u>Compound Code</u>	<u>N</u>	<u>1</u>	<u>Ø = Not Specified</u> <u>1 = Not a Compound</u> <u>2 = Compound</u>
<u>FS</u>	<u>ET</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' ET</u>
<u>460</u>	<u>ET</u>	<u>Quantity Prescribed</u>	<u>N</u>	<u>1 – 10</u>	<u>(Implied Format = 9999999.999)</u> <u>For compound claims, this should be the amount of the entire multi-ingredient product.</u>
<u>FS</u>	<u>DF</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' DF</u>

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<u>415</u>	<u>DF</u>	<u>Number of Refills Authorized</u>	<u>N</u>	<u>1-2</u>	<u>(Number of Refills Authorized)</u> <u>0 = Not Specified</u> <u>1 through 98 = Specific number of fills</u> <u>DO NOT include the original fill in this number. Medi-Cal is unable to process an unlimited number of refills request therefore a value of '99' cannot be accepted currently by Medi-Cal.</u>
<u>FS</u>	<u>DK</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' DK</u>
<u>420</u>	<u>DK</u>	<u>Submission Clarification Code</u>	<u>N</u>	<u>1-2</u>	<u>0 = Not Specified (No Special Handling)</u> <u>2 = Other Override (Refer to Note 1 on following page)</u> <u>7 = Medically Necessary (Refer to Note 1 on following page)</u>

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<u>FS</u>	<u>D8</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D8</u>
<u>408</u>	<u>D8</u>	<u>Dispense As Written (DAW)/Product Selection Code</u>	<u>A/N</u>	<u>1</u>	<u>Written (DAW)/ Product Selection Code</u> <u>How Pharmacist followed the Prescriber's instructions regarding use of generic substitution.</u> <u>0 = No Product Selection Indicated</u> <u>1 = Substitution Not Allowed by Prescriber (Indicates request for a drug pricing override)</u> <u>2 = Substitution Allowed-Patient Requested Product Dispensed</u> <u>3 = Substitution Allowed-Pharmacist Selected Product Dispensed</u> <u>4 = Substitution Allowed-Generic Drug Not In Stock</u> <u>5 = Substitution Allowed-Brand Drug Dispensed as a Generic</u> <u>6 = Override (Indicates request for a negotiated price)</u> <u>7 = Substitution Not Allowed-Brand Drug Mandated by Law</u> <u>8 = Substitution Allowed-Generic Drug Not Available in Marketplace</u>
<u>FS</u>	<u>DE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' DE</u>
<u>414</u>	<u>DE</u>	<u>Date Prescription Written</u>	<u>N</u>	<u>8</u>	<u>(Date Prescription was written (CCYYMMDD))</u>
<u>FS</u>	<u>EU</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EU</u>
<u>461</u>	<u>EU</u>	<u>Prior Authorization Type Code</u>	<u>N</u>	<u>1-2</u>	<u>8 = Payer Defined Exemption (Used in conjunction with the Discharge Date in 462-EV)</u>
<u>FS</u>	<u>EV</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EV</u>
<u>462</u>	<u>EV</u>	<u>Prior Authorization Number Submitted</u>	<u>N</u>	<u>1 – 11 (8)</u>	<u>(Discharge Date)</u> <u>Format: CCYYMMDD</u>

Note 1: The Submission Clarification Code field will be used in conjunction with the Basis of Request code as follows for Medi-Cal processing:

<u>Medi-Cal Meaning</u>	<u>Basis of Request</u>	<u>Submission Clarification Code</u>
<u>Exceeded Code 1 Restrictions</u>	<u>ME – Medical Exception</u>	<u>2 – Other Override</u>
<u>Exceeded Medical Supplies Limit</u>	<u>PL – Increase Plan Limitation</u>	<u>2 – Other Override</u>
<u>6 Prescription Limit</u>	<u>PR – Plan Requirement</u>	<u>2 – Other Override</u>
<u>Step Therapy</u>	<u>PR – Plan Requirement</u>	<u>7 – Medically Necessary</u>

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Prior Authorization Request - Prior Authorization Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>12 = Prior Authorization</u>
<u>FS</u>	<u>PA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PA</u>
<u>498</u>	<u>PA</u>	<u>Request Type</u>	<u>A/N</u>	<u>1</u>	<u>1 = Initial</u> <u>2 = Reauthorization (Refer to Note 3 on following page)</u> <u>3 = Deferred (Refer to Note 3 on following page)</u>
<u>FS</u>	<u>PB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PB</u>
<u>498</u>	<u>PB</u>	<u>Request Period Date-Begin</u>	<u>N</u>	<u>8</u>	<u>(Request Period Date-Begin)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>PC</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PC</u>
<u>498</u>	<u>PC</u>	<u>Request Period Date-End</u>	<u>N</u>	<u>8</u>	<u>(Request Period Date-Ended)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>PD</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PD</u>
<u>498</u>	<u>PD</u>	<u>Basis of Request</u>	<u>A/N</u>	<u>2</u>	<u>ME = Medical Exception</u> <u>PR = Plan Requirement</u> <u>PL = Increase Plan Limitation</u> <u>Refer to Note 2 on following page.</u>
<u>FS</u>	<u>PE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PE</u>
<u>498</u>	<u>PE</u>	<u>Authorized Representative First Name</u>	<u>A/N</u>	<u>12</u>	<u>(Authorized Representative First Name)</u>
<u>FS</u>	<u>PF</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PF</u>
<u>498</u>	<u>PF</u>	<u>Authorized Representative Last Name</u>	<u>A/N</u>	<u>15</u> <u>(12)</u>	<u>(Authorized Representative Last Name)</u>
<u>FS</u>	<u>PG</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PG</u>
<u>498</u>	<u>PG</u>	<u>Authorized Representative Street Address</u>	<u>A/N</u>	<u>30</u> <u>(25)</u>	<u>(Authorized Representative Street Address)</u>
<u>FS</u>	<u>PH</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PH</u>
<u>498</u>	<u>PH</u>	<u>Authorized Representative City Address</u>	<u>A/N</u>	<u>20</u> <u>(16)</u>	<u>(Authorized Representative City Address)</u>
<u>FS</u>	<u>PJ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PJ</u>
<u>498</u>	<u>PJ</u>	<u>Authorized Representative State/Province Address</u>	<u>A/N</u>	<u>2</u>	<u>(Authorized Representative State/Province Address)</u>
<u>FS</u>	<u>PK</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PK</u>

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<u>498</u>	<u>PK</u>	<u>Authorized Representative Zip/Postal Zone</u>	<u>A/N</u>	<u>15 (5)</u>	<u>(Authorized Representative Zip/Postal Zone)</u>
<u>FS</u>	<u>PY</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PY</u>
<u>498</u>	<u>PY</u>	<u>Prior Authorization Number—Assigned</u>	<u>N</u>	<u>11</u>	<u>(Prior Authorization Number)</u> <u>This field should be used to submit the prior authorization number when the request is for a reauthorization and the original request received a response of 'A' (Approved). The first 10 digits should contain the original TCN and the 11th digit should contain the pricing indicator that is returned as part of the TCN on an approved TAR.</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20 (10)</u>	<u>(Prior Authorization Number)</u> <u>This field should be used to submit the prior authorization number when the request is for a reauthorization or deferral and the original request received a response of 'C' (Captured) or 'F' (Deferred).</u>
<u>FS</u>	<u>PP</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PP</u>
<u>498</u>	<u>PP</u>	<u>Prior Authorization Supporting Documentation</u>	<u>A/N</u>	<u>1-500</u>	<u>Free form message(s) with each piece of requested information preceded by a message parsing ID. Please see Chart 1 on following page for message parsing ID and associated fields.</u> <u>Example:</u> <u>*AI*2*CN*SMITH,MARY*FX*91655511 11</u> <u>This would mean the following:</u> <u>No attachment will be sent.</u> <u>Mary Smith is the contact person.</u> <u>Provider Fax Number is (916) 555-1111.</u> <u>Although this field is an optional field it is highly recommended that the information be sent to assist in the adjudication of the prior authorization.</u>

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Note 2: The Basis of Request field will be used in conjunction with the Submission Clarification code as follows for Medi-Cal processing:

<u>Medi-Cal Meaning</u>	<u>Basis of Request</u>	<u>Submission Clarification Code</u>
<u>Exceeded Code 1 Restrictions</u>	<u>ME – Medical Exception</u>	<u>2 – Other Override</u>
<u>Exceeded Medical Supplies Limit</u>	<u>PL – Increase Plan Limitation</u>	<u>2 – Other Override</u>
<u>6 Prescription Limit</u>	<u>PR – Plan Requirement</u>	<u>2 – Other Override</u>
<u>Step Therapy</u>	<u>PR – Plan Requirement</u>	<u>7 – Medically Necessary</u>

Note 3: The provider is expected to re-send all of the fields on a reauthorization or deferral that were sent on the initial P4 transaction. Fields that are not sent on a reauthorization or deferral that were sent on the initial P4 will be treated as changes.

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Chart 1: Message parsing ID and associated fields:

<u>Field Parsing ID</u>	<u>Field Description</u>	<u>Valid Values</u>
<u>*AI*</u>	<u>Attachment Indicator</u>	<u>2 = I will not be submitting attachment(s) (Default value if not submitted in the message area)</u> <u>3 = I will be uploading attachment(s) now</u> <u>8 = I will be uploading attachment(s) within 1 hour</u> <u>9 = I will be faxing attachment(s) within 1 hour</u>
<u>*CN*</u>	<u>Contact Person Name</u>	<u>Last Name, First Name (max of 25 characters will be kept by Medi-Cal)</u>
<u>*CP*</u>	<u>Contact Person Phone Number</u>	<u>Format = AAEEEENNNN (10 bytes numeric)</u> <u>AAA = Area Code</u> <u>EEE = Exchange Code</u> <u>NNNN = Number</u>
<u>*MI*</u>	<u>Miscellaneous Information</u>	<u>Free Format Information</u>
<u>*PV*</u>	<u>Percent Variance</u>	<u>3 bytes numeric</u>
<u>*RS*</u>	<u>Residence Status Code</u>	<u>blank = None</u> <u>12 = Home</u> <u>13 = Home w/Caregiver</u> <u>14 = Board and Care</u> <u>21 = Inpatient Hospital</u> <u>26 = Inpatient Hospital - Admin</u> <u>27 = Inpatient Hospital - Rehab</u> <u>31 = Nursing Facility Level B (SNF)</u> <u>32 = Nursing Facility Level A (ICF)</u> <u>33 = Special Treatment Program/NF-B</u> <u>34 = Pediatric Nursing Facility, Level B</u> <u>54 = ICF-DD Nursing</u> <u>55 = Res Trtmnt Ctr/Sub Abuse</u> <u>56 = State Hospital</u> <u>91 = Adult Subacute Care</u> <u>92 = ICF-DD</u> <u>93 = ICF-DD Habilitative</u> <u>96 = Pediatric Subacute Care</u> <u>97 = Transitional Care</u> <u>98 = Death</u> <u>99 = Other</u>
<u>*SG*</u>	<u>SIG</u>	<u>Freeform text – max of 24 bytes</u>
<u>*FX*</u>	<u>Provider Fax Number</u>	<u>Format = AAEEEENNNN (10 bytes numeric)</u> <u>AAA = Area Code</u> <u>EEE = Exchange Code</u> <u>NNNN = Number (Medi-Cal will capture the fax number only. Responses will not be faxed back to providers.)</u>

Notes on parsing fields:

- 1) If the Attachment Indicator and/or Residence Status is sent the value must be one of the values listed for the individual fields or it will be ignored.
- 2) If the Contact Person Phone Number, Percent Variance, and/or Provider Fax Number are sent then the length of the data must be exactly the length stated for the field and the data must be numeric or it will be ignored (ie: Percent Variance must be 3 bytes long).

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Prior Authorization Request - Clinical Segment
Medi-Cal Mandatory

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>13 = Clinical Segment</u>
<u>FS</u>	<u>VE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' VE</u>
<u>491</u>	<u>VE</u>	<u>Diagnosis Code Count</u>	<u>N</u>	<u>1</u>	<p><u>Medi-Cal supports up to 4 diagnosis codes and requires at least the primary diagnosis code. The first occurrence of the diagnosis code will be considered the primary diagnosis, the second occurrence considered the secondary diagnosis and so forth until the fourth occurrence. All other occurrences will be bypassed.</u></p> <p><u>Indicates the number of repetitions that follow for the fields in this grouping:</u></p> <ul style="list-style-type: none"> <u>Diagnosis Code Qualifier</u> <u>Diagnosis Code</u>
<u>FS</u>	<u>WE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' WE</u>
<u>492</u>	<u>WE</u>	<u>Diagnosis Code Qualifier</u>	<u>A/N</u>	<u>2</u>	<p><u>01 = International Classification of Diseases (ICD9)</u></p> <p><u>Medi-Cal currently can only accept diagnosis codes with a qualifier equal to '01'. Any transaction submitted with a qualifier not equal to '01' will be rejected.</u></p> <p><u>Repeating field depending on count found in field 491-VE.</u></p>
<u>FS</u>	<u>DO</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' DO</u>
<u>424</u>	<u>DO</u>	<u>Diagnosis Code</u>	<u>A/N</u>	<u>1 – 15 (6)</u>	<p><u>This field requires an explicit decimal point. Medi-Cal accepts the ICD9 diagnosis code format. Therefore, the maximum length Medi-Cal can currently accept for this field is 6 characters -- 5 characters plus an explicit decimal point.</u></p> <p><u>Repeating field depending on count found in field 491-VE.</u></p>
<u>FS</u>	<u>XE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' XE</u>

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<u>493</u>	<u>XE</u>	<u>Clinical Information Counter</u>	<u>N</u>	<u>1</u>	<p><u>Medi-Cal supports up to 2 sets of clinical information: One for the height in inches and the other for the weight in pounds.</u></p> <p><u>Medi-Cal will accept all occurrences of the clinical information that are sent but will only utilize the last weight and last height occurrence found. All others will be bypassed.</u></p> <p><u>Occurrence number for the following set of fields:</u></p> <ul style="list-style-type: none"> • <u>Measurement Dimension</u> • <u>Measurement Units</u> • <u>Measurement Value</u>
<u>FS</u> <u>496</u>	<u>H2</u> <u>H2</u>	<u>Field Separator</u> <u>Measurement Dimension</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>2</u>	<p><u>X'1C' H2</u></p> <p><u>14=Weight</u> <u>16=Height</u></p> <p><u>Must be present with counter value found in field 493-XE.</u></p>
<u>FS</u> <u>497</u>	<u>H3</u> <u>H3</u>	<u>Field Separator</u> <u>Measurement Unit</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>2</u>	<p><u>X'1C' H3</u></p> <p><u>01=Inches (in)</u> <u>03=Pounds (lb)</u></p> <p><u>Must be present with counter value found in field 493-XE.</u></p>
<u>FS</u> <u>499</u>	<u>H4</u> <u>H4</u>	<u>Field Separator</u> <u>Measurement Value</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>15</u> <u>(3)</u>	<p><u>X'1C' H4</u></p> <p><u>(Measurement Value)</u></p> <p><u>Must be present with counter value found in field 493-XE.</u></p> <p><u>The measurement value cannot be more than 99 when submitting a height measurement or 999 when submitting a weight measurement. If more than 3 characters are sent then the transaction will be rejected.</u></p>

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Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Request - Prescriber Segment

Optional segment – only send this segment if there is a Medi-Cal Prescriber ID to be sent

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>03 = Prescriber Segment</u>
<u>FS</u>	<u>EZ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EZ</u>
<u>466</u>	<u>EZ</u>	<u>Prescriber ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>08 = State License</u>
<u>FS</u>	<u>DB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' DB</u>
<u>411</u>	<u>DB</u>	<u>Prescriber ID</u>	<u>A/N</u>	<u>1 – 15 (9)</u>	<u>(Prescriber State License Number)</u>
<u>FS</u>	<u>DR</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' DR</u>
<u>427</u>	<u>DR</u>	<u>Prescriber Last Name</u>	<u>A/N</u>	<u>15</u>	<u>(Prescriber Last Name)</u>
<u>FS</u>	<u>PM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PM</u>
<u>498</u>	<u>PM</u>	<u>Prescriber Phone</u>	<u>N</u>	<u>10</u>	<u>(Format=AAAEENNNN</u> <u>AAA=Area Code</u> <u>EEE=Exchange Code</u> <u>NNNN=Number)</u> <u>Examples: A phone number of 212-</u> <u>555-1212 would reflect: 2125551212.</u>

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Prior Authorization Request - COB/Other Payments Segment

Optional Segment – only send this segment if there is Other Payment Information to be sent

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>05 = COB/Other Payments Segment</u>
<u>FS</u>	<u>4C</u>	<u>Field Separator</u>	<u>A</u>	<u>3</u>	<u>X'1C' 4C</u>
<u>337</u>	<u>4C</u>	<u>Coordination of Benefits/Other Payments Count</u>	<u>N</u>	<u>1</u>	<u>1 = 1 set of data follows</u> <u>2 = 2 sets of data follows</u> <u>Medi-Cal supports up to 2 sets of COB information – one set for the Primary Payer Coverage Type (Medicare) and one set for the Secondary Payer Coverage Type (non- Medicare).</u> <u>Medi-Cal will accept all occurrences of the COB information sent but will only utilize the last Primary and last Secondary payer occurrences found. All others will be bypassed.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Other Payer Coverage Type</u> <u>Other Payer Reject Count</u>
<u>FS</u>	<u>5C</u>	<u>Field Separator</u>	<u>A</u>	<u>3</u>	<u>X'1C' 5C</u>
<u>338</u>	<u>5C</u>	<u>Other Payer Coverage Type</u>	<u>A/N</u>	<u>2</u>	<u>01 = Primary (use this to specify Medicare rejected information)</u> <u>02 = Secondary (use this to specify non-Medicare other payer rejected information)</u> <u>Repeating field depending on count found in field 337-4C.</u>
<u>FS</u>	<u>5E</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' 5E</u>

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<u>471</u>	<u>5E</u>	<u>Other Payer Reject Count</u>	<u>N</u>	<u>2</u>	<p><u>Medi-Cal supports up to 5 reject codes per other payer coverage type. All others will be bypassed.</u></p> <p><u>Indicates the number of repetitions that follow for the fields in this grouping:</u></p> <ul style="list-style-type: none"> • <u>Other Payer Reject Code</u> <p><u>Repeating field depending on count found in field 337-4C.</u></p>
<u>FS</u>	<u>6E</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' 6E</u>
<u>472</u>	<u>6E</u>	<u>Other Payer Reject Code</u>	<u>A/N</u>	<u>3</u>	<p><u>(Other Payer Reject Code)</u></p> <p><u>Repeating field depending on count found in field 471-5E.</u></p>

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Prior Authorization Request - Compound Segment

Optional Segment – only send this segment if the prior authorization is for a compound drug.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>10 = Compound Segment</u>
<u>FS</u>	<u>EF</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EF</u>
<u>450</u>	<u>EF</u>	<u>Compound Dosage Form Description Code</u>	<u>A/N</u>	<u>2</u>	<u>Ø1=Capsule</u> <u>Ø2=Ointment</u> <u>Ø3=Cream</u> <u>Ø4=Suppository</u> <u>Ø5=Powder</u> <u>Ø6=Emulsion</u> <u>Ø7=Liquid</u> <u>1Ø=Tablet</u> <u>11=Solution</u> <u>12=Suspension</u> <u>13=Lotion</u> <u>14=Shampoo</u> <u>15=Elixir</u> <u>16=Syrup</u> <u>17=Lozenge</u> <u>18=Enema</u>
<u>FS</u>	<u>EG</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EG</u>
<u>451</u>	<u>EG</u>	<u>Compound Dispensing Unit Form Indicator</u>	<u>N</u>	<u>1</u>	<u>1 = Each</u> <u>2 = Grams</u> <u>3 = Milliliters</u>
<u>FS</u>	<u>EH</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EH</u>

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<u>452</u>	<u>EH</u>	<u>Compound Route Of Administration</u>	<u>N</u>	<u>1-2</u>	<u>1=Buccal</u> <u>2=Dental</u> <u>3=Inhalation</u> <u>4=Injection</u> <u>5=Intraperitoneal</u> <u>6=Irrigation</u> <u>7=Mouth/Throat</u> <u>8=Mucous Membrane</u> <u>9=Nasal</u> <u>10=Ophthalmic</u> <u>11=Oral</u> <u>12=Other/Miscellaneous</u> <u>13=Otic</u> <u>14=Perfusion</u> <u>15=Rectal</u> <u>16=Sublingual</u> <u>17=Topical</u> <u>18=Transdermal</u> <u>19=Translingual</u> <u>20=Urethral</u> <u>21=Vaginal</u> <u>22=Enteral</u>
<u>FS</u>	<u>EC</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EC</u>
<u>447</u>	<u>EC</u>	<u>Compound Ingredient Component Count</u>	<u>N</u>	<u>1-2</u>	<u>Medi-Cal supports up to 25 Compound Product IDs, and one for the container count (26 Product IDs if a container count is included) if necessary.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Compound Product ID Qualifier (488-RE)</u> <u>Compound Product ID (489-TE)</u> <u>Compound Ingredient Quantity (448-ED)</u>
<u>FS</u>	<u>RE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'RE</u>
<u>488</u>	<u>RE</u>	<u>Compound Product ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>03 = NDC</u> <u>99 = Other (Container Count)</u> <u>Must be accompanied with all 9's and a 7 (9999999997) in field 489-TE. When a product ID of all 9's and a 7 (9999999997) is submitted then the quantity in field 448-ED will be considered the Container Count.</u> <u>Repeating field depending on count found in field 447-EC.</u>
<u>FS</u>	<u>TE</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' TE</u>

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<u>489</u>	<u>TE</u>	<u>Compound Product ID</u>	<u>A/N</u>	<u>1-19 (11)</u>	<u>(NDC Number)</u> <u>Repeating field depending on count found in field 447-EC.</u> <u>When specifying the number of containers as an ingredient the NDC should be equal to '9999999999'.</u>
<u>FS</u>	<u>ED</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' ED</u>
<u>448</u>	<u>ED</u>	<u>Compound Ingredient Quantity</u>	<u>N</u>	<u>1-10</u>	<u>Implied format = 9999999.999</u> <u>Use this field to indicate number of containers for compound drugs when Compound Product ID is "9999999999" and Compound Product ID Qualifier is "99". (Maximum allowed is 999).</u> <u>Repeating field depending on count found in field 447-EC.</u>

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Prior Authorization Request Only – Responses

Prior Authorization Request Response - Transmission Accepted/Transaction Captured or Duplicate of Captured*

The prior authorization request response for a “Transmission Accepted/Transaction Captured” (or Duplicate of Capture) status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Request Response transaction.

Diagram for One Prior Authorization Request Response – Transmission Accepted/Transaction Captured (or Duplicate of Capture)

<u>Mandatory</u>
<u>Response Header Segment</u>
<u>Optional</u>
<u>Segment Separator</u>
<u>Response Message Segment</u>
<u>Mandatory first response</u>
<u>Group Separator</u>
<u>Segment Separator</u>
<u>Response Status Segment</u>
<u>Segment Separator</u>
<u>Response Claim Segment</u>
<u>Segment Separator</u>
<u>Response Prior Authorization Segment</u>

* - Duplicate of Capture response will be returned when the following information on the incoming request matches an existing TAR in the Medi-Cal system:

- Same Patient/Member
- Same Service Provider ID
- Same Product/Service ID
- Same Prior Authorization Begin Date**
- Same Prior Authorization End Date**
- Same Number of Refills Authorized**

** - These fields will be used in addition to the NCPDP specified criteria for the Duplicate of Captured response.

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Prior Authorization Request Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P4 = P.A. Request Only</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One Occurrence</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Request Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Request Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>C = Captured</u> <u>Q = Duplicate of Captured</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Prior Authorization Number)</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

Prior Authorization Request Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as Input Transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as Input Transaction</u>

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Prior Authorization Inquiry Response – Prior Authorization Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>26 = Response Prior Authorization Segment</u>
<u>FS</u>	<u>PR</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PR</u>
<u>498</u>	<u>PR</u>	<u>Prior Authorization Processed Date</u>	<u>N</u>	<u>8</u>	<u>(Service Receipt Date – (CCYYMMDD))</u>

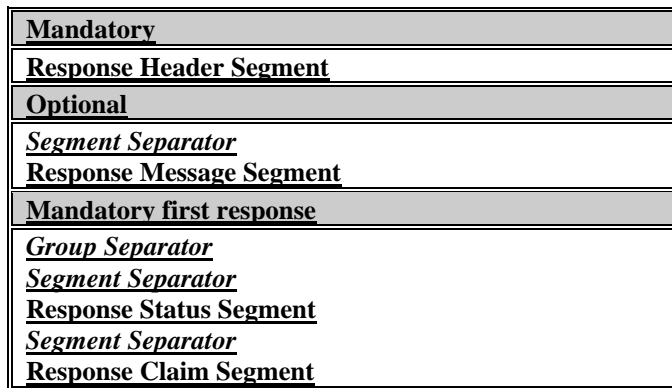
Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Request Response - Transmission Accepted/Transaction Rejected

The prior authorization request response for a "Transmission Accepted/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Request Response transaction.

Diagram for One Prior Authorization Request – Transmission Accepted/Transaction Rejected



Prior Authorization Request Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P4 = P.A. Request Only</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Request</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction.</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Request Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Response Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaappppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Request Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Reject Control Number)</u>
<u>FS</u>	<u>FA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FA</u>
<u>510</u>	<u>FA</u>	<u>Reject Count</u>	<u>N</u>	<u>2</u>	<u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> • <u>Reject Code (511-FB)</u> • <u>Reject Field Occurrence Indicator (546-4F)</u>
<u>FS</u>	<u>FB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FB</u>

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Prior Authorization Request Response - Status Segment *(continued)*

<u>511</u>	<u>FB</u>	<u>Reject Code</u>	<u>A/N</u>	<u>3</u>	See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values. Repeating field depending on count in field 510-FA.
<u>FS</u> <u>546</u>	<u>4F</u> <u>4F</u>	<u>Field Separator</u> <u>Reject Field Occurrence Indicator</u>	<u>A/N</u> <u>N</u>	<u>3</u> <u>2</u>	X'1C' 4F Repeating field depending on count in field 510-FA.
<u>FS</u> <u>526</u>	<u>FQ</u> <u>FQ</u>	<u>Field Separator</u> <u>Additional Message Information</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>1 – 200</u>	X'1C' FQ (Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).

Prior Authorization Request Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	X'1E'
<u>FS</u> <u>111</u>	<u>AM</u> <u>AM</u>	<u>Field Separator</u> <u>Segment Identification</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>2</u>	X'1C' AM 22 = Response Claim Segment
<u>FS</u> <u>455</u>	<u>EM</u> <u>EM</u>	<u>Field Separator</u> <u>Prescription/ Service Reference Number Qualifier</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>1</u>	X'1C' EM Same as Input Transaction
<u>FS</u> <u>402</u>	<u>D2</u> <u>D2</u>	<u>Field Separator</u> <u>Prescription/ Service Reference Number</u>	<u>A/N</u> <u>N</u>	<u>3</u> <u>7</u>	X'1C' D2 Same as Input Transaction

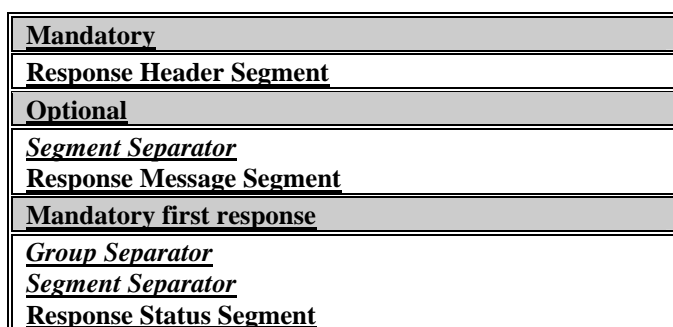
Medi-Cal POS
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Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Request Response - Transmission Rejected/Transaction Rejected

The prior authorization request response for a "Transmission Rejected/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, and the Response Status segment.

The following diagram shows the various components of the Prior Authorization Request Response transaction.

Diagram for One Prior Authorization Request – Transmission Rejected/Transaction Rejected



Prior Authorization Request Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P4 = P.A. Request Only</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Request</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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Prior Authorization Request Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaappppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Request Response- Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Reject Control Number)</u>
<u>FS</u>	<u>FA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FA</u>
<u>510</u>	<u>FA</u>	<u>Reject Count</u>	<u>N</u>	<u>2</u>	<u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> • <u>Reject Code (511-FB)</u> • <u>Reject Field Occurrence Indicator (546-4F)</u>
<u>FS</u>	<u>FB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FB</u>
<u>511</u>	<u>FB</u>	<u>Reject Code</u>	<u>A/N</u>	<u>3</u>	<u>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>4F</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' 4F</u>
<u>546</u>	<u>4F</u>	<u>Reject Field Occurrence Indicator</u>	<u>N</u>	<u>2</u>	<u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry – Request (NCPDP Transaction Code P3)

The prior authorization inquiry request transaction can be built by filling out the Header segment, Insurance segment, Claim segment, and Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Request transaction.

Diagram for One Prior Authorization Inquiry

<u>Mandatory</u>
<u>Transaction Header Segment</u>
<u>Segment Separator</u>
<u>Insurance Segment</u>
<u>Mandatory – Prior Authorization Inquiry</u>
<u>Group Separator</u>
<u>Segment Separator</u>
<u>Claim Segment</u>
<u>Segment Separator</u>
<u>Prior Authorization Segment</u>

Prior Authorization Inquiry Request - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>101</u>	<u>A1</u>	<u>BIN Number</u>	<u>N</u>	<u>6</u>	<u>610442</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P3 = P.A. Inquiry</u>
<u>104</u>	<u>A4</u>	<u>Processor Control Number</u>	<u>A/N</u>	<u>10</u>	<u>Not Used by Medi-Cal</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Inquiry</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>05 = Medicaid</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>The service (Pharmacy) provider ID is made up using the following: Submitter ID – 3 Alpha-Numeric Provider Number – 9 Alpha-Numeric Last 3 Characters – spaces</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>(Date of Service - (CCYYMMDD))</u>
<u>110</u>	<u>AK</u>	<u>Software Vendor/ Certification ID</u>	<u>A/N</u>	<u>10</u>	<u>(PC/POS Version Number)</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Request - Insurance Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>04 = Insurance</u>
<u>FS</u>	<u>C2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' C2</u>
<u>302</u>	<u>C2</u>	<u>Cardholder Identification Number</u>	<u>A/N</u>	<u>1 – 20 (14)</u>	<u>(Medi-Cal Recipient ID)</u> <u>Must be 1 of the following:</u> <ol style="list-style-type: none"> <u>1. CIN (9 characters)</u> <u>2. MEDS ID (9 characters)</u> <u>3. BID (14 characters)</u> <u>4. CIN (9 characters) plus Check Digit (1 character) plus 4 digit numeric identifier</u>

Prior Authorization Inquiry Request - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>07 = Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>1 = RX Billing</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/Service Reference Number</u>	<u>N</u>	<u>1 – 7</u>	<u>(RX Number)</u>
<u>FS</u>	<u>E1</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' E1</u>
<u>436</u>	<u>E1</u>	<u>Product/Service ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>00 = Default for compound drug claims</u> <u>03 = National Drug Code (NDC)</u>
<u>FS</u>	<u>D7</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D7</u>
<u>407</u>	<u>D7</u>	<u>Product/Service ID</u>	<u>A/N</u>	<u>1 – 19 (11)</u>	<u>(NDC Number)</u> <u>For compound claims, this should be "0".</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Request - Prior Authorization Segment
Medi-Cal Mandatory

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>12 = Prior Authorization Segment</u>
<u>FS</u>	<u>PA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PA</u>
<u>498</u>	<u>PA</u>	<u>Request Type</u>	<u>A/N</u>	<u>1</u>	<u>1 = Initial</u> <u>2 = Reauthorization</u> <u>3 = Deferred</u>
<u>FS</u>	<u>PB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PB</u>
<u>498</u>	<u>PB</u>	<u>Request Period Date-Begin</u>	<u>N</u>	<u>8</u>	<u>(Request Period Date – Begin (CCYYMMDD))</u>
<u>FS</u>	<u>PC</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PC</u>
<u>498</u>	<u>PC</u>	<u>Request Period Date-End</u>	<u>N</u>	<u>8</u>	<u>(Request Period Date-Ended (CCYYMMDD))</u>
<u>FS</u>	<u>PD</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PD</u>
<u>498</u>	<u>PD</u>	<u>Basis of Request</u>	<u>A/N</u>	<u>2</u>	<u>ME = Medical Exception</u> <u>PR = Plan Requirement</u> <u>PL = Increase Plan Limitation</u>
<u>FS</u>	<u>PY</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PY</u>
<u>498</u>	<u>PY</u>	<u>Prior Authorization Number—Assigned</u>	<u>N</u>	<u>11</u>	<u>(Prior Authorization Number)</u> <u>This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'A' (Approved). The first 10 digits should contain the original TCN and the 11th digit should contain the pricing indicator that is returned as part of the TCN on an approved TAR.</u> <u>If this field is not present on an inquiry transaction then field 503-F3 (Authorization Number) MUST be present.</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20 (10)</u>	<u>(Prior Authorization Number)</u> <u>This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'C' (Captured) or 'F' (Deferred).</u> <u>If this field is not present on an inquiry transaction then field 498-PY (Prior Authorization Number - Assigned) MUST be present.</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

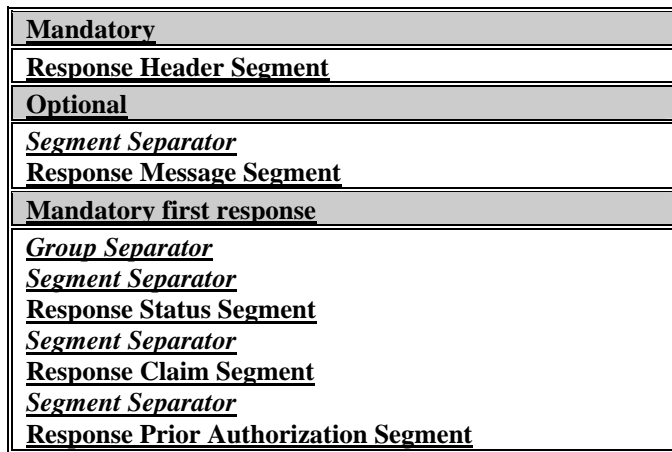
Prior Authorization Inquiry – Responses

Prior Authorization Inquiry Response - Transmission Accepted/Transaction Captured

The prior authorization inquiry response for a “Transmission Accepted/Transaction Captured” status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Claim segment, and the Response Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Accepted/Transaction Captured



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P3 = P.A. Inquiry</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Inquiry</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>C = Captured</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Prior Authorization Number)</u> <u>Same as input transaction</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

Prior Authorization Inquiry Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as input transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as input transaction</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response – Prior Authorization Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>26 = Response Prior Authorization Segment</u>
<u>FS</u>	<u>PR</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PR</u>
<u>498</u>	<u>PR</u>	<u>Prior Authorization Processed Date</u>	<u>N</u>	<u>8</u>	<u>(Service Receipt Date - (CCYYMMDD))</u>

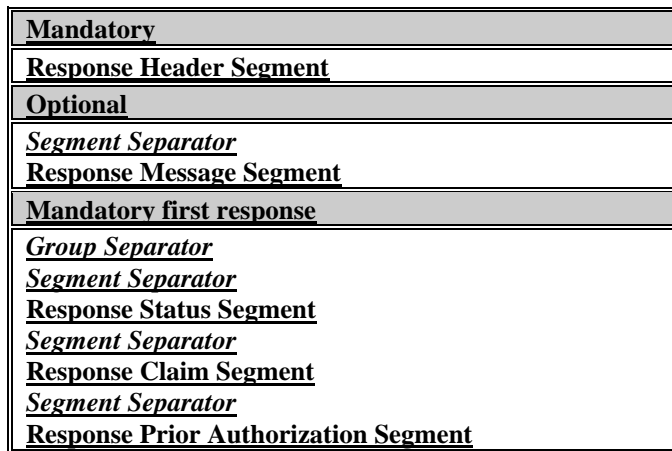
Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Transmission Accepted/Transaction Deferred

The prior authorization inquiry response for a "Transmission Accepted/Transaction Deferred" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Claim segment, and the Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Accepted/Transaction Deferred



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P3 = P.A. Inquiry</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Inquiry</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u> <u>111</u>	<u>AM</u> <u>AM</u>	<u>Field Separator</u> <u>Segment Identification</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>2</u>	<u>X'1C' AM</u> <u>21 = Response Status Segment</u>
<u>FS</u> <u>112</u>	<u>AN</u> <u>AN</u>	<u>Field Separator</u> <u>Transaction Response Status</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>1</u>	<u>X'1C' AN</u> <u>F = PA Deferred</u>
<u>FS</u> <u>503</u>	<u>F3</u> <u>F3</u>	<u>Field Separator</u> <u>Authorization Number</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>20</u> <u>(10)</u>	<u>X'1C' F3</u> <u>(Prior Authorization Number)</u> <u>Same as input transaction</u>
<u>FS</u> <u>510</u>	<u>FA</u> <u>FA</u>	<u>Field Separator</u> <u>Reject Count</u>	<u>A/N</u> <u>N</u>	<u>3</u> <u>2</u>	<u>X'1C' FA</u> <u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Reject Code (511-FB)</u> <u>Reject Field Occurrence Indicator (546-4F)</u>
<u>FS</u> <u>511</u>	<u>FB</u> <u>FB</u>	<u>Field Separator</u> <u>Reject Code</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>3</u>	<u>X'1C' FB</u> <u>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u> <u>546</u>	<u>4F</u> <u>4F</u>	<u>Field Separator</u> <u>Reject Field Occurrence Indicator</u>	<u>A/N</u> <u>N</u>	<u>3</u> <u>2</u>	<u>X'1C' 4F</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u> <u>526</u>	<u>FQ</u> <u>FQ</u>	<u>Field Separator</u> <u>Additional Message Information</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>1 – 200</u>	<u>X'1C' FQ</u> <u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

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Prior Authorization Inquiry Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/ Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as input transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/ Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as input transaction</u>

Medi-Cal POS
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Prior Authorization Inquiry Response - Prior Authorization Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>26 = Response Prior Authorization Segment</u>
<u>FS</u>	<u>PR</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PR</u>
<u>498</u>	<u>PR</u>	<u>Prior Authorization Processed Date</u>	<u>N</u>	<u>8</u>	<u>(Service Adjudicated Date)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>PS</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PS</u>
<u>498</u>	<u>PS</u>	<u>Prior Authorization Effective Date</u>	<u>N</u>	<u>8</u>	<u>(Effective Date)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>PT</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PT</u>
<u>498</u>	<u>PT</u>	<u>Prior Authorization Expiration Date</u>	<u>N</u>	<u>8</u>	<u>(Expiration Date)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>RA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'RA</u>
<u>498</u>	<u>RA</u>	<u>Prior Authorization Quantity</u>	<u>N</u>	<u>10</u>	<u>(Authorized Quantity)</u> <u>Format=9999999.999</u>
<u>FS</u>	<u>RB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'RB</u>
<u>498</u>	<u>RB</u>	<u>Prior Authorization Dollars Authorized</u>	<u>N</u>	<u>8</u>	<u>(Negotiated Price)</u> <u>Format= s\$\$\$\$\$cc</u> <u>Examples: Dollars Authorized provided to the pharmacy by the processor to be used by the pharmacy to bill the plan. If the prior authorization dollars authorized is \$76.00 this field would reflect: 7600{.</u> <u>This field is only present if the prior authorization is a negotiated price TAR.</u>
<u>FS</u>	<u>PW</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PW</u>
<u>498</u>	<u>PW</u>	<u>Prior Authorization Number of Refills Authorized</u>	<u>N</u>	<u>2</u>	<u>Prior Authorization Number of refills authorized provided to the pharmacy by the processor to be used by the pharmacy for refills.</u> <u>If the value is equal to '99' please refer to the message areas for the exact number of refills authorized on the prior authorization.</u>

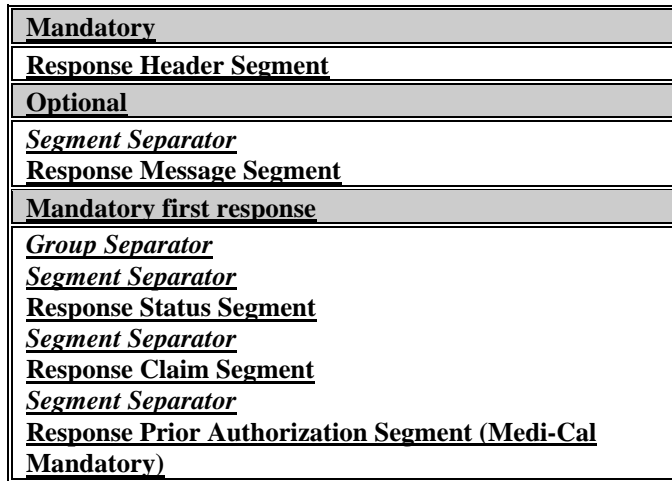
Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Transmission Accepted/Transaction Approved

The prior authorization inquiry response for a "Transmission Accepted/Transaction Approved" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Claim segment, and the Response Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Inquiry – Transmission Accepted/Transaction Approved



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P3 = P.A. Inquiry</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Inquiry</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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Prior Authorization Inquiry Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Inquiry Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Approved</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

Prior Authorization Inquiry Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as input transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as input transaction</u>

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Prior Authorization Inquiry Response - Prior Authorization Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>26 = Response Prior Authorization Segment</u>
<u>FS</u>	<u>PR</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PR</u>
<u>498</u>	<u>PR</u>	<u>Prior Authorization Processed Date</u>	<u>N</u>	<u>8</u>	<u>(Service Adjudicated Date)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>PS</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PS</u>
<u>498</u>	<u>PS</u>	<u>Prior Authorization Effective Date</u>	<u>N</u>	<u>8</u>	<u>(Effective Date)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>PT</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PT</u>
<u>498</u>	<u>PT</u>	<u>Prior Authorization Expiration Date</u>	<u>N</u>	<u>8</u>	<u>(Expiration Date)</u> <u>Format=CCYYMMDD</u>
<u>FS</u>	<u>RA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'RA</u>
<u>498</u>	<u>RA</u>	<u>Prior Authorization Quantity</u>	<u>N</u>	<u>10</u>	<u>(Authorized Quantity)</u> <u>Format=9999999.999</u>
<u>FS</u>	<u>RB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'RB</u>
<u>498</u>	<u>RB</u>	<u>Prior Authorization Dollars Authorized</u>	<u>N</u>	<u>8</u>	<u>(Negotiated Price)</u> <u>Format= s\$\$\$\$\$cc</u> <u>Examples: Dollars Authorized provided to the pharmacy by the processor to be used by the pharmacy to bill the plan. If the prior authorization dollars authorized is \$76.00 this field would reflect: 7600{.</u> <u>This field is only present if the prior authorization is a negotiated price TAR.</u>
<u>FS</u>	<u>PW</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PW</u>
<u>498</u>	<u>PW</u>	<u>Prior Authorization Number of Refills Authorized</u>	<u>N</u>	<u>2</u>	<u>Prior Authorization Number of refills authorized provided to the pharmacy by the processor to be used by the pharmacy for refills.</u> <u>If the value is equal to '99' please refer to the message areas for the exact number of refills authorized on the prior authorization.</u>
<u>FS</u>	<u>PY</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C'PY</u>
<u>498</u>	<u>PY</u>	<u>Prior Authorization Number—Assigned</u>	<u>N</u>	<u>11</u>	<u>(Prior Authorization Number)</u> <u>The prior authorization number returned will be the original 10 digit number sent on the input transaction plus an 11th digit containing the pricing indicator.</u>

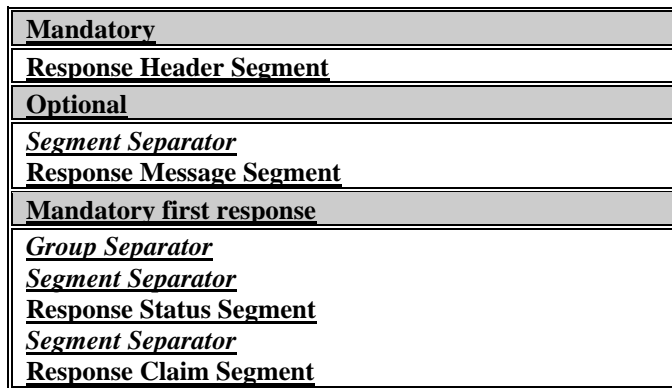
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Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Transmission Accepted/Transaction Rejected

The prior authorization inquiry response for a "Transmission Accepted/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Accepted/Transaction Rejected



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P3 = P.A. Inquiry</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Inquiry</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaappppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Inquiry Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Prior Authorization Number)</u> <u>Same as input transaction</u>
<u>FS</u>	<u>FA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FA</u>
<u>510</u>	<u>FA</u>	<u>Reject Count</u>	<u>N</u>	<u>2</u>	<u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Reject Code (511-FB)</u> <u>Reject Field Occurrence Indicator (546-4F)</u>
<u>FS</u>	<u>FB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FB</u>
<u>511</u>	<u>FB</u>	<u>Reject Code</u>	<u>A/N</u>	<u>3</u>	<u>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>4F</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' 4F</u>
<u>546</u>	<u>4F</u>	<u>Reject Field Occurrence Indicator</u>	<u>N</u>	<u>2</u>	<u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

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Prior Authorization Inquiry Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/ Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as input transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/ Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as input transaction</u>

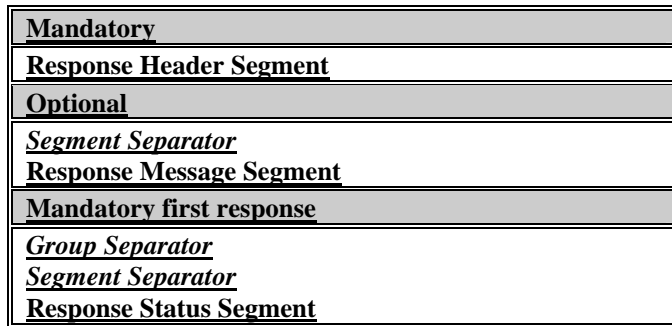
Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Transmission Rejected/Transaction Rejected

The prior authorization inquiry response for a "Transmission Rejected/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, and Response Status segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Rejected/Transaction Rejected



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P3 = P.A. Inquiry</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Inquiry</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Inquiry Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Inquiry Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u> <u>111</u>	<u>AM</u> <u>AM</u>	<u>Field Separator</u> <u>Segment Identification</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>2</u>	<u>X'1C' AM</u> <u>21 = Response Status Segment</u>
<u>FS</u> <u>112</u>	<u>AN</u> <u>AN</u>	<u>Field Separator</u> <u>Transaction Response Status</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>1</u>	<u>X'1C' AN</u> <u>R = Rejected</u>
<u>FS</u> <u>503</u>	<u>F3</u> <u>F3</u>	<u>Field Separator</u> <u>Authorization Number</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>20</u> <u>(10)</u>	<u>X'1C' F3</u> <u>(Prior Authorization Number)</u> <u>Same as input transaction</u>
<u>FS</u> <u>510</u>	<u>FA</u> <u>FA</u>	<u>Field Separator</u> <u>Reject Count</u>	<u>A/N</u> <u>N</u>	<u>3</u> <u>2</u>	<u>X'1C' FA</u> <u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Reject Code (511-FB)</u> <u>Reject Field Occurrence Indicator (546-4F)</u>
<u>FS</u> <u>511</u>	<u>FB</u> <u>FB</u>	<u>Field Separator</u> <u>Reject Code</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>3</u>	<u>X'1C' FB</u> <u>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u> <u>546</u>	<u>4F</u> <u>4F</u>	<u>Field Separator</u> <u>Reject Field Occurrence Indicator</u>	<u>A/N</u> <u>N</u>	<u>3</u> <u>2</u>	<u>X'1C' 4F</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u> <u>526</u>	<u>FQ</u> <u>FQ</u>	<u>Field Separator</u> <u>Additional Message Information</u>	<u>A/N</u> <u>A/N</u>	<u>3</u> <u>1 – 200</u>	<u>X'1C' FQ</u> <u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

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Prior Authorization Reversal - Request (NCPDP Transaction Code P2)

Prior Authorization reversals are used to reverse the request for authorization, but not any claims submitted against the prior authorization. If any billing(s) have been paid using the prior authorization that will be reversed then the paid billing(s) must be reversed before the prior authorization is reversed. The only reversals that should be submitted would be for those prior authorization transactions that received an "A" (Approved) or "C" (Captured) response.

The standard prior authorization reversal request can be built by filling out the Header segment, Claim segment and Prior Authorization segment once.

The following diagram shows the various components of the Prior Authorization Reversal Request transaction.

Diagram for One Prior Authorization Reversal

<u>Mandatory</u>
<u>Transaction Header Segment</u>
<u>Mandatory – Prior Authorization Reversal</u>
<u>Group Separator</u>
<u>Segment Separator</u>
<u>Claim Segment</u>
<u>Segment Separator</u>
<u>Prior Authorization Segment (Medi-Cal Mandatory)</u>

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Prior Authorization Reversal Request – Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>101</u>	<u>A1</u>	<u>BIN Number</u>	<u>N</u>	<u>6</u>	<u>610442</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P2 = P.A. Reversal</u>
<u>104</u>	<u>A4</u>	<u>Processor Control Number</u>	<u>A/N</u>	<u>10</u>	<u>Not Used</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One PA Reversal</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>05 = Medicaid (Medi-Cal Pharmacy Provider ID)</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>(Submitter ID – 3 Alpha-Numeric Provider Number – 9 Alpha-Numeric Last 3 Characters – spaces)</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>(Date of Service - (CCYYMMDD))</u>
<u>110</u>	<u>AK</u>	<u>Software Vendor/ Certification ID</u>	<u>A/N</u>	<u>10</u>	<u>(PC/POS Version Number)</u>

Prior Authorization Reversal Request - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>07 = Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/ Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>1 = RX Billing</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/ Service Reference Number</u>	<u>N</u>	<u>1 – 7</u>	<u>(RX Number)</u>
<u>FS</u>	<u>E1</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' E1</u>
<u>436</u>	<u>E1</u>	<u>Product/Service ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>00 = Default for compound drug claims</u> <u>03 = National Drug Code (NDC)</u>
<u>FS</u>	<u>D7</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D7</u>
<u>407</u>	<u>D7</u>	<u>Product/Service ID</u>	<u>A/N</u>	<u>1 – 19</u> <u>(11)</u>	<u>(NDC Number)</u> <u>For compound claims, this should be "0".</u>

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Prior Authorization Reversal Request - Prior Authorization Segment
Medi-Cal Mandatory

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>12 = Prior Authorization Segment</u>
<u>FS</u>	<u>PA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PA</u>
<u>498</u>	<u>PA</u>	<u>Request Type</u>	<u>A/N</u>	<u>1</u>	<u>1 = Initial</u> <u>2 = Reauthorization</u> <u>3 = Deferred</u>
<u>FS</u>	<u>PB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PB</u>
<u>498</u>	<u>PB</u>	<u>Request Period Date-Begin</u>	<u>N</u>	<u>8</u>	<u>(Request Period Date – Begin (CCYYMMDD))</u>
<u>FS</u>	<u>PC</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PC</u>
<u>498</u>	<u>PC</u>	<u>Request Period Date-End</u>	<u>N</u>	<u>8</u>	<u>(Request Period Date – End (CCYYMMDD))</u>
<u>FS</u>	<u>PD</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PD</u>
<u>498</u>	<u>PD</u>	<u>Basis of Request</u>	<u>A/N</u>	<u>2</u>	<u>ME = Medical Exception</u> <u>PR = Plan Requirement</u> <u>PL = Increase Plan Limitation</u>
<u>FS</u>	<u>PY</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' PY</u>
<u>498</u>	<u>PY</u>	<u>Prior Authorization Number—Assigned</u>	<u>N</u>	<u>11</u>	<u>(Prior Authorization Number)</u> <u>This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'A' (Approved). The first 10 digits should contain the original TCN and the 11th digit should contain the pricing indicator that is returned as part of the TCN on an approved TAR.</u> <u>If this field is not present on a reversal transaction then field 503-F3 (Authorization Number) MUST be present.</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20 (10)</u>	<u>(Prior Authorization Number)</u> <u>This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'C' (Captured) or 'F' (Deferred).</u> <u>If this field is not present on a reversal transaction then field 498-PY (Prior Authorization Number - Assigned) MUST be present.</u>

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Prior Authorization Reversal – Responses

Prior Authorization Reversal Response - Transmission Accepted/Transaction Captured or Duplicate of Capture

The prior authorization reversal response for a “Transmission Accepted/Transaction Captured” (or Duplicate of Capture) status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Reversal Response transaction.

Diagram for One Prior Authorization Reversal – Transmission Accepted/Transaction Captured (or Duplicate of Capture)

<u>Mandatory</u>
<u>Response Header Segment</u>
<u>Optional</u>
<u>Segment Separator</u>
<u>Response Message Segment</u>
<u>Mandatory first response</u>
<u>Group Separator</u>
<u>Segment Separator</u>
<u>Response Status Segment</u>
<u>Segment Separator</u>
<u>Response Claim Segment</u>

Prior Authorization Reversal Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P2 = P.A. Reversal</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>Same as Input Transaction</u> <u>1 = One P.A. Reversal</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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Prior Authorization Reversal Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s))</u> <u>Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Reversal Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>C = Captured</u> <u>Q = Duplicate of Captured</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Prior Authorization Number)</u> <u>Same as Input Transaction</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

Prior Authorization Reversal Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as input transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as input transaction</u>

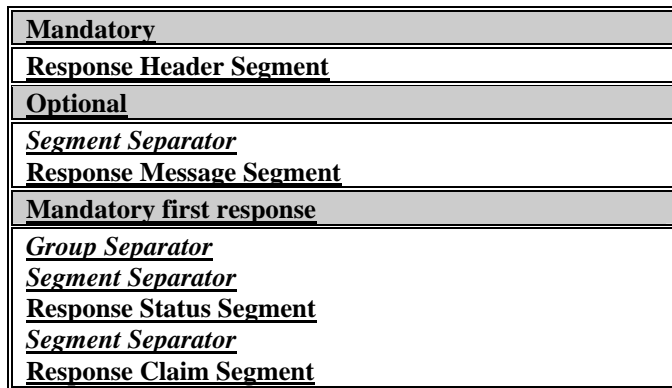
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Prior Authorization Reversal Response - Transmission Accepted/Transaction Rejected

The prior authorization reversal response for a "Transmission Accepted/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Reversal Response transaction.

Diagram for One Prior Authorization Reversal – Transmission Accepted/Transaction Rejected



Prior Authorization Reversal Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P2 = P.A. Reversal</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One P.A. Reversal</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>A = Accepted</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as Input Transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as Input Transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as Input Transaction</u>

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Prior Authorization Reversal Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

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Prior Authorization Reversal Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Prior Authorization Number)</u> <u>Same as input transaction</u>
<u>FS</u>	<u>FA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FA</u>
<u>510</u>	<u>FA</u>	<u>Reject Count</u>	<u>N</u>	<u>2</u>	<u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Reject Code (field 511-FB)</u> <u>Reject Field Occurrence Indicator (field 546-4F)</u>
<u>FS</u>	<u>FB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FB</u>
<u>511</u>	<u>FB</u>	<u>Reject Code</u>	<u>A/N</u>	<u>3</u>	<u>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>4F</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' 4F</u>
<u>546</u>	<u>4F</u>	<u>Reject Field Occurrence Indicator</u>	<u>N</u>	<u>2</u>	<u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1–</u> <u>200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

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Prior Authorization Reversal Response - Claim Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>22 = Response Claim Segment</u>
<u>FS</u>	<u>EM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' EM</u>
<u>455</u>	<u>EM</u>	<u>Prescription/ Service Reference Number Qualifier</u>	<u>A/N</u>	<u>1</u>	<u>Same as input transaction</u>
<u>FS</u>	<u>D2</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' D2</u>
<u>402</u>	<u>D2</u>	<u>Prescription/ Service Reference Number</u>	<u>N</u>	<u>7</u>	<u>Same as input transaction</u>

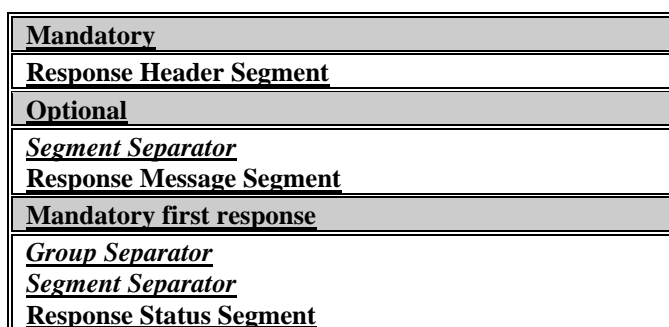
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Prior Authorization Reversal Response - Transmission Rejected/Transaction Rejected

The prior authorization reversal response for a "Transmission Rejected/Transaction Rejected" status will be built by filling out the Response Header segment, Response Message segment, and the Response Status segment.

The following diagram shows the various components of the Prior Authorization Reversal Response transaction.

Diagram for One Prior Authorization Reversal – Transmission Rejected/Transaction Rejected Response



Prior Authorization Reversal Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Field ID	Field Name	Fmt	Size	Pre-defined Values
<u>102</u>	<u>A2</u>	<u>Version/Release Number</u>	<u>A/N</u>	<u>2</u>	<u>51 = Version 5.1</u>
<u>103</u>	<u>A3</u>	<u>Transaction Code</u>	<u>A/N</u>	<u>2</u>	<u>P2 = P.A. Reversal</u>
<u>109</u>	<u>A9</u>	<u>Transaction Count</u>	<u>A/N</u>	<u>1</u>	<u>1 = One PA Reversal</u>
<u>501</u>	<u>F1</u>	<u>Header Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>202</u>	<u>B2</u>	<u>Service Provider ID Qualifier</u>	<u>A/N</u>	<u>2</u>	<u>Same as input transaction</u>
<u>201</u>	<u>B1</u>	<u>Service Provider ID</u>	<u>A/N</u>	<u>15</u>	<u>Same as input transaction</u>
<u>401</u>	<u>D1</u>	<u>Date of Service</u>	<u>N</u>	<u>8</u>	<u>Same as input transaction</u>

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Prior Authorization Reversal Response - Message Segment

Optional Segment – Only present if provider mail or additional messages are to be returned on the response.

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>20 = Response Message Segment</u>
<u>FS</u>	<u>F4</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F4</u>
<u>504</u>	<u>F4</u>	<u>Message</u>	<u>A/N</u>	<u>1-200</u>	<u>(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (field 526-FQ).</u>

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

<u>Position</u>	<u>Values</u>	<u>English Translation</u>	<u>Notes</u>
<u>1</u>	<u>0</u> <u>1</u>	<u>No Mail</u> <u>Mail Present</u>	
<u>Other than position 1</u>	<u>SD<TIME></u>	<u>CICS Region Down</u> <u><TIME></u>	<u>TIME = Starting Time for system maintenance</u>
<u>Other than position 1</u>	<u>CH<PHONE #></u>	<u>Contact Help Desk</u>	<u>Phone number will be in the following format:</u> <u>aaapppnnnn</u>
<u>Other than position 1</u>	<u>SU</u>	<u>Software Upgrade Needed</u>	<u>Notification to third party developers</u>
<u>Other than position 1</u>	<u>MS</u>	<u><Free Form Message></u>	<u>Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (field 526-FQ).</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Prior Authorization Reversal Response - Status Segment

<u>Field Number</u>	<u>Field ID</u>	<u>Field Name</u>	<u>Fmt</u>	<u>Size</u>	<u>Pre-defined Values</u>
<u>GS</u>		<u>Group Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1D'</u>
<u>SS</u>		<u>Segment Separator</u>	<u>A/N</u>	<u>1</u>	<u>X'1E'</u>
<u>FS</u>	<u>AM</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AM</u>
<u>111</u>	<u>AM</u>	<u>Segment Identification</u>	<u>A/N</u>	<u>2</u>	<u>21 = Response Status Segment</u>
<u>FS</u>	<u>AN</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' AN</u>
<u>112</u>	<u>AN</u>	<u>Transaction Response Status</u>	<u>A/N</u>	<u>1</u>	<u>R = Rejected</u>
<u>FS</u>	<u>F3</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' F3</u>
<u>503</u>	<u>F3</u>	<u>Authorization Number</u>	<u>A/N</u>	<u>20</u> <u>(10)</u>	<u>(Prior Authorization Number)</u> <u>Same as input transaction</u>
<u>FS</u>	<u>FA</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FA</u>
<u>510</u>	<u>FA</u>	<u>Reject Count</u>	<u>N</u>	<u>2</u>	<u>01 = 1 set of data follows</u> <u>02 = 2 sets of data follows</u> <u>:</u> <u>:</u> <u>:</u> <u>05 = 05 sets of data follows</u> <u>Maximum of 05 reject codes will be sent back by Medi-Cal.</u> <u>Indicates the number of repetitions that follow for the fields in this grouping:</u> <ul style="list-style-type: none"> <u>Reject Code (511-FB)</u> <u>Reject Field Occurrence Indicator (546-4F)</u>
<u>FS</u>	<u>FB</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FB</u>
<u>511</u>	<u>FB</u>	<u>Reject Code</u>	<u>A/N</u>	<u>3</u>	<u>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</u> <u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>4F</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' 4F</u>
<u>546</u>	<u>4F</u>	<u>Reject Field Occurrence Indicator</u>	<u>N</u>	<u>2</u>	<u>Repeating field depending on count in field 510-FA.</u>
<u>FS</u>	<u>FQ</u>	<u>Field Separator</u>	<u>A/N</u>	<u>3</u>	<u>X'1C' FQ</u>
<u>526</u>	<u>FQ</u>	<u>Additional Message Information</u>	<u>A/N</u>	<u>1 – 200</u>	<u>(Free form message(s))</u> <u>This field is a continuation of the message contained in the Transmission Response Message field (field 504-F4).</u>

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Section 5 - Test Cases

5.1 Pharmacy Claims

This section only reflects values for required fields. All examples show a version number of XXX0100 for illustration purposes only. Include the version number communicated to the POS/Internet Help Desk as outlined in Section 6 of this document. In addition, all spaces in the examples are indicated by a period (.), as are non-displayable hexadecimal characters.

NCPDP 5.1 Pharmacy Claim Test Case 1
Claim without DUR information filled in. The claim is paid.

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
202	Service Provider ID Qualifier	'05'
201	Service Provider ID	'AAPROV00007 '
401	Date of Service (CCYYMMDD)	'19931121'
110	Software Vendor/Certification ID	'XXX0100 '
302	Cardholder ID Num	'333224444931101'
304	Date of Birth (CCYYMMDD)	'19220402'
305	Patient Gender Code	'1'
307	Patient Location	'00'
455	Prescription/Service	'1'
402	Prescription	'0234567'
436	Product	'03'
407	Product/Service	'00078010409'
442	Quantity Dispensed [Qty. = 100]	'0000100000' or '100000' **
405	Days Supply	'030' or '30'
406	Compound Code	'1'
420	Submission Clarification Code	'00'
308	Other Coverage Code	'2'
461	Prior Auth Type Code	'01'
462	Prior Auth Number (TCN)	'1111111111'
433	Patient Paid Amount [\$10.00]	'00001000' or '1000' *
430	Gross Amount Due [\$22.00]	'00002200' or '2200' *
423	Basis of Cost Determination	'00'
466	Prescriber ID Qualifier	'08'
411	Prescriber ID	'123456 ' or '123456'
337	Coordination of Benefits	'1'
338	Other Payer Cov. Type	'99'
341	Other Payer Amt. Paid Count	'1'
342	Other Payer Amt. Paid Qualifier	'08'
431	Other Payer Amount [\$0.00]	'00001100' or '1100' *

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Example:

```
61044251B1.....105AAPROV00007...19931121XXX0100.....AM04.C23332244449311
01..AM01.C419220402.C51.C700~..AM07.EM1.D20234567.E102.D700078010409.E70000100
000.D5030.D61.DK00.C802.EU01.EV1111111111..AM11.DX00001000.DU00002200.DN00..A
M02.EZ08.DB123456....AM05.4C1.5C99.HB1.HC08.DV00001100
```

OR

```
61044251B1.....105AAPROV00007...19931121XXX0100.....AM04.C23332244449311
01..AM01.C419220402.C51.C700~..AM07.EM1.D20234567.E102.D700078010409.E7100000.
D530.D61.DK00.C802.EU01.EV1111111111..AM11.DX1000.DU2200.DN00..AM02.EZ08.DB12
3456.AM05.4C1.5C99.HB1.HC08.DV1100
```

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
501	Response Status (trailer)	'A'
202	Service provider ID Qual	'05'
201	Pharmacy Number	'AAPROV00007 '
401	Date of Service	'19931121'
504	Message	'1SD2359'
112	Transaction Response Status	'P'
526	Additional Message Info	'FRANK JONES'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref Num	'0234567'
509	Total Paid Amount [\$12.00]	'00001200' *

Example:

```
51B11A05AAPROV00007...19931121..AM20.F41SD2359~..AM21.ANP.FQFRANK.JONES..AM22
.EM1.D20234567..AM22.F900001200
```

* ***Implied decimal, two places***
 ** ***Implied decimal, three places***

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

**NCPDP 5.1 Pharmacy Claim Test Case 2:
Claim Reversal. The claim is reversed.**

Field Number	Field Name	Field Value
101	BIN Number	'610442'
102	Version/Release Number	'51'
103	Transaction Type	'B2'
109	Transaction Count	'1'
202	Service Provider ID Qualifier	'05'
201	Service Provider ID	'AAPROV00007 '
401	Date Filled (CCYYMMDD)	'19931121'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref Num	'0234567'
436	Product/Service ID Qual	'03'
407	Product/Service ID	'00078010409'

Example:

61044251B2.....105AAPROV00007...19931121XXX0100...~..AM07.EM1.D20234567. E102.D700078010409
--

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Type	'B2'
109	Transaction Count	'1'
501		
202	Service Provider ID Qualifier	'05'
201	Service Provider ID	'AAPROV00007 '
401	Date Filled (CCYYMMDD)	'19931121'
504	Message	'1SD2359'
112	Transaction response Status	'A'
526	Additional Message Information	Spaces
455	Prescription/Service ref Num Qual	'1'
402	Prescription Number	'0234567'

Example:

51B21A05AAPROV00007...19931121..AM20.F41SD2359~..AM21.ANA.FQ.....AM22.EM1.D2 0234567

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

**NCPDP 5.1 Pharmacy Claim Test Case 3:
Claim without DUR information filled in. Claim is rejected.**

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
202	Service Provider ID Qualifier	'05'
201	Service Provider ID	'AAPROV00008 '
401	Date of Service (CCYYMMDD)	'19931106'
110	Software Vendor/Certification ID	'XXX0100 '
302	Cardholder ID Num	'333224445931101 '
304	Date of Birth (CCYYMMDD)	'19110502'
305	Patient Gender Code	'1'
307	Patient Location	'00'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
436	Product Service ID Qual	'03'
407	Product/Service ID	'00078126088'
442	Quantity Dispensed [Qty = 250]	'0000250000' or '250000'
405	Days Supply	'030' or '30'
406	Compound Code	'1'
420	Submission Clarification Code	'00'
308	Other Coverage Code	'1'
461	Prior Auth Type Code	'01'
462	Prior Auth Number (TCN)	'11111111112'
430	Gross Amount Due [\$14.50]	'00001450' or '1450' *
423	Basis of Cost Determination	'00'
466	Prescriber ID Qualifier	'08'
411	Prescriber ID	'123456 ' or '123456'

Example:

```
61044251B1.....105AAPROV00008...19931106XXX0100....AM04.C23332244459311
01..AM01.C419110502.C51.C700~..AM07.EM1.D20234567.E102.D700078126088.E70000250
000.D5030.D61.DK00.C801.EU01.EV11111111112..AM11.DU00001450.DN00..AM02.EZ08.DB
123456...
```

OR

```
61044251B1.....105AAPROV00008...19931106XXX0100....AM04.C23332244459311
01..AM01.C419110502.C51.C700~..AM07.EM1.D20234567.E102.D700078126088.E7250000.
D530.D61.DK00.C801.EU01.EV11111111112..AM11.DU1450.DN00..AM02.EZ08.DB123456
```

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
501	Response Status (trailer)	'R'
202	Service Provider ID Qualifier	'05'
201	Pharmacy Number	'AAPROV00008 '
401	Date of Service (CCYYMMDD)	'19931106'
504	Message	'1SD2359'
112	Transaction response Status	'R'
510	Reject Count	'02'
511	Reject Code	'65'
511	Reject Code	'21'
526	Additional Message Info	'03140034'

Example:

51B11R05AAPROV00008...19931106..AM20.F41SD2359~..AM21.ANR.FA02.FB65.FB21.FQ..03140034
--

- * ***Implied decimal, two places***
- ** ***Implied decimal, three places***

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

NCPDP 5.1 Pharmacy Claim Test Case 4:
Claim without DUR information filled in. Claim is rejected for DUR Alert.

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
202	Service Provider ID	'05'
201	Service Provider ID	'AAPROV00009 '
401	Date of Service (CCYYMMDD)	'19931108'
110	Software Vendor/Certification ID	'XXX0100 '
302	Cardholder ID Num	'123456789931101 '
304	Date of Birth (CCYYMMDD)	'19921001'
305	Patient Gender Code	'2'
307	Patient Location	'00'
455	Prescription/Service Ref. Num.Qual	'1'
402	Prescription/Service Ref. Num	'0234567'
436	Product Service ID Qual	'03'
407	Product/Service ID	'00062133215'
442	Quantity Dispensed [Qty = 30]	'0000030000' or '30000' **
405	Days Supply	'030' or '30'
406	Compound Code	'1'
420	Submission Clarification Code	'00'
308	Other Coverage Code	'1'
461	Prior Auth Type Code	'01'
462	Prior Auth Number (TCN)	'11111111113'
430	Gross Amount Due [\$21.00]	'00002100' or '2100' *
423	Basis of Cost Determination	'00'
466	Prescriber ID Qualifier	'08'
411	Prescriber ID	'123456 ' or '123456'

Example:

```
61044251B1.....105AAPROV00009...19931108XXX0100.....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700062133215.E70000030
000.D5030.D61.DK00.C801.EU01.EV11111111112..AM11.DU00002100.DN00..AM02.EZ08.DB
123456...
```

OR

```
61044251B1.....105AAPROV00009...19931108XXX0100.....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700062133215.E730000.D
530.D61.DK00.C801.EU01.EV11111111112..AM11.DU2100.DN00..AM02.EZ08.DB123456
```

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
501	Response Status (Header)	'A'
202	Service Provider ID	'05'
201	Pharmacy Number	'AAPROV00009 '
401	Date of Service (CCYYMMDD)	'19931108'
504	Message	'1SD2359'
112	Transaction Response Status	'R'
510	Reject Count	'01'
511	Reject Code	'88'
526	Additional Message Area	'1030'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
567	DUR/PPS Response Code Counter	'1'
439	Reason for Service Code	'PA'
528	Clinical Significance Code	'1'
529	Other Pharmacy Indicator	'0'
530	Previous Date of Fill	'00000000'
531	Quantity of Previous Fill [Qty = 0]	'0000000000'
532	Database Indicator	'1'
533	Other Prescriber Indicator	'0'
544	DUR Free Text Message	'AGE WARNING'

Example:

```
51B11A05AAPROV00009...19931108..AM20.F41SD2359~..AM21.ANR.FA01.FB88.FQ.....
.....1030..AM22.EM1.D20234567..AM24.J61.E4PA.
FS1.FT0.FU00000000.FV0000000000.FW1.FX0.FYAGE.WARNING
```

- * ***Implied decimal, two places***
- ** ***Implied decimal, three places***

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

**NCPDP 5.1 Pharmacy Claim Test Case 5:
Claim DUR Override. Claim is paid.**

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
202	Service Provider ID	'05'
201	Service Provider ID	'AAPROV00009 '
401	Date of Service (CCYYMMDD)	'19931108'
110	Software Vendor/Certification ID	'XXX0100 '
302	Cardholder ID Num	'123456789931101 '
304	Date of Birth (CCYYMMDD)	'19921001'
305	Patient Gender Code	'2'
307	Patient Location	'00'
455	Prescription/Service Ref. Num.Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
436	Product Service ID Qual	'03'
407	Product/Service ID	'00045012124'
442	Quantity Dispensed [Qty = 30]	'0000030000' or '30000' **
405	Days Supply	'030' or '30'
406	Compound Code	'1'
420	Submission Clarification Code	'00'
308	Other Coverage Code	'1'
461	Prior Auth Type Code	'01'
462	Prior Auth Number (TCN)	'11111111114'
430	Gross Amount Due [\$21.00]	'00002100' or '2100' *
423	Basis of Cost Determination	'00'
466	Prescriber ID Qualifier	'08'
411	Prescriber ID	'123456 ' or '123456'
473	DUR/PPS Code	'1'
439	Reason of Service Code	'PA'
440	Professional Service Code	'M0'
441	Result of Service Code	'1E'

Example:

```
61044251B1.....105AAPROV00009...19931108XXX0100....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700045012124.E70000030
000.D5030.D61.DK00.C801.EU01.EV11111111114..AM11.DU00002100.DN00..AM02.EZ08.DB
123456.....AM08.7E1.E4PA.E5M0.E61E
```

OR

```
61044251B1.....105AAPROV00009...19931108XXX0100....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700045012124.E730000.D
530.D61.DK00.C801.EU01.EV11111111114..AM11.DU2100.DN00..AM02.EZ08.DB123456..AM
08.7E1.E4PA.E5M0.E61E
```


Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Type	'B1'
109	Transaction Count	'1'
501	Response Status (Header)	'A'
202	Service Provider ID	'05'
201	Pharmacy Number	'AAPROV00009 '
401	Date of Service (CCYYMMDD)	'19931108'
504	Message	'0'
501	Response Status (Claim)	'P'
526	Additional Message Area	'JENNIFER SMITH'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
509	Total Paid Amount [\$21.00]	'00002100'

Example:

51B11A05AAPROV00009...19931108..AM20.F40~..AM21.ANP.FQJENNIFER.SMITH..AM22.EM 1.D20234567..AM22.F900002100

- * ***Implied decimal, two places***
- ** ***Implied decimal, three places***

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

NCPDP 5.1 Pharmacy Claim Test Case 6:
Claim without DUR information filled in. Claim is rejected for DUR Alert.

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
202	Service Provider ID	'05'
201	Service Provider ID	'AAPROV00010 '
401	Date of Service (CCYYMMDD)	'19931108'
110	Software Vendor/Certification ID	'XXX0100 '
302	Cardholder ID Num	'123456789931101 '
304	Date of Birth (CCYYMMDD)	'19921001'
305	Patient Gender Code	'2'
307	Patient Location	'00'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
436	Product Service ID Qual	'03'
407	Product/Service ID	'00062133215'
442	Quantity Dispensed [Qty = 30]	'0000030000' or '30000' **
405	Days Supply	'030' or '30'
406	Compound Code	'1'
420	Submission Clarification Code	'00'
308	Other Coverage Code	'1'
461	Prior Auth Type Code	'01'
462	Prior Auth Number (TCN)	'11111111115'
430	Gross Amount Due [\$21.00]	'00002100' or '2100' *
423	Basis of Cost Determination	'00'
466	Prescriber ID Qualifier	'08'
411	Prescriber ID	'123456 ' or '123456'

Example:

```
61044251B1.....105AAPROV00010...19931108XXX0100....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700062133215.E70000030
000.D5030.D61.DK00.C801.EU01.EV11111111115..AM11.DU00002100.DN00..AM02.EZ08.DB
123456...
```

OR

```
61044251B1.....105AAPROV00010...19931108XXX0100....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700062133215.E730000.D
5030.D61.DK00.C801.EU01.EV11111111115..AM11.DU2100.DN00..AM02.EZ08.DB123456
```

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
501	Response Status (Header)	'A'
202	Service Provider ID	'05'
201	Pharmacy Number	'AAPROV00010 '
401	Date of Service (CCYYMMDD)	'19931108'
504	Message	'1SD2359'
112	Transaction Response Status	'R'
510	Reject Count	'01'
511	Reject Code	'88'
526	Additional Message Area	'1030'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
567	DUR/PPS Response Code Counter	'1'
439	Reason for Service Code	'PA'
528	Clinical Significance Code	'1'
529	Other Pharmacy Indicator	'0'
530	Previous Date of Fill	'00000000'
531	Quantity of Previous Fill [Qty = 0]	'0000000000'
532	Database Indicator	'1'
533	Other Prescriber Indicator	'0'
544	DUR Free Text Message	'AGE WARNING'

Example:

```
51B11A05AAPROV00010...19931108..AM20.F41SD2359~..AM21.ANR.FA01.FB88.FQ.....
.....1030..AM22.EM1.D20234567..AM24.J61.E4PA.
FS1.FT0.FU00000000.FV0000000000.FW1.FX0.FYAGE.WARNING
```

- * ***Implied decimal, two places***
- ** ***Implied decimal, three places***

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

**NCPDP 5.1 Pharmacy Claim Test Case 7:
Claim Cancelled. Claim is not paid.**

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Code	'B1'
109	Transaction Count	'1'
202	Service Provider ID	'05'
201	Service Provider ID	'AAPROV00010 '
401	Date of Service (CCYYMMDD)	'19931108'
110	Software Vendor/Certification ID	'XXX0100 '
302	Cardholder ID Num	'123456789931101 '
304	Date of Birth (CCYYMMDD)	'19921001'
305	Patient Gender Code	'2'
307	Patient Location	'00'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'
436	Product Service ID Qual	'03'
407	Product/Service ID	'00045012124'
442	Quantity Dispensed [Qty = 30]	'0000030000' or '30000' **
405	Days Supply	'030' or '30'
406	Compound Code	'1'
420	Submission Clarification Code	'00'
308	Other Coverage Code	'1'
461	Prior Auth Type Code	'01'
462	Prior Auth Number (TCN)	'11111111116'
430	Gross Amount Due [\$21.00]	'00002100' or '2100' *
423	Basis of Cost Determination	'00'
466	Prescriber ID Qualifier	'08'
411	Prescriber ID	'123456 ' or '123456'
473	DUR/PPS Code	'1'
439	Reason of Service Code	'PA'
440	Professional Service Code	'M0'
441	Result of Service Code	'2A'

Example:

```
61044251B1.....105AAPROV00010...19931108XXX0100....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700045012124.E70000030
000.D5030.D61.DK00.C801.EU01.EV11111111116..AM11.DU00002100.DN00..AM02.EZ08.DB
123456.....AM08.7E1.E4PA.E5M0.E62A
```

OR

```
61044251B1.....105AAPROV00010...19931108XXX0100....AM04.C21234567899311
01..AM01.C419921001.C52.C700~..AM07.EM1.D20234567.E102.D700045012124.E730000.D
530.D61.DK00.C801.EU01.EV11111111116..AM11.DU2100.DN00..AM02.EZ08.DB123456..AM
08.7E1.E4PA.E5M0.E62A
```

Medi-Cal POS
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Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Type	'B1'
109	Transaction Count	'1'
501	Response Status (Header)	'A'
202	Service Provider ID	'05'
201	Service Provider ID	'AAPROV00010 '
401	Date of Service (CCYYMMDD)	'19931108'
504	Message	'1SD2359'
112	Transaction Response Status	'C'
526	Additional Message Info	'JENNIFER SMITH'
455	Prescription/Service Ref. Num. Qual	'1'
402	Prescription/Service Ref. Num.	'0234567'

Example :

51B11A05AAPROV00010...19931108..AM20.F41SD2359~..AM21.ANC.FQJENNIFER.SMITH..A M22.EM1.D20234567
--

- * ***Implied decimal, two places***
- ** ***Implied decimal, three places***

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Third Party Vendors (Dial-Up and Leased-Line)

**NCPDP 5.1 Pharmacy Claim Test Case 8:
Claim Reversal. The claim is not reversed.**

Field Number	Field Name	Field Value
101	BIN Number	'610442'
102	Version/Release Number	'51'
103	Transaction Type	'B2'
109	Transaction Count	'1'
202	Service Prov ID Qual	'05'
201	Pharmacy Number	'AAPROV00010 '
401	Date Filled (CCYYMMDD)	'19931121'
110	Software Vendor/Certification ID	'XXX0100 '
455	Prescription/Service ref Num Qual	'1'
402	Prescription Number	'2345678'
436	Product/Service ID Qual	'03'
407	Product/Service ID	'00045012124'

Example:

61044251B2.....105AAPROV00010...19931121XXX0100...~..AM07.EM1.D22345678. E102.D700045012124
--

Response:

Field Number	Field Name	Field Value
102	Version/Release Number	'51'
103	Transaction Type	'B2'
109	Transaction Count	'1'
501	Response Status	'R'
202	Service Prov. ID Qual	'05'
201	Pharmacy number	'AAPROV00010 '
401	Date Filled (CCYYMMDD)	'19931121'
504	Message	'1SD2359'
112	Transaction Response Status	'R'
510	Reject Count	'01'
511	Reject Code	'16'
526	Additional Message Info	' 0867'

Example:

51B21R05AAPROV00010...19931121..AM20.F41SD2359~..AM21.ANR.FA01.FB16.FQ.....0867
--

Medi-Cal POS
NCPDP Pharmacy Transaction Specifications
Third Party Vendors (Dial-Up and Leased-Line)

5.2 Pharmacy Prior Authorization

There are no additional test cases for NCPDP Prior Authorization transactions. Once you have successfully completed testing for NCPDP Pharmacy Claims you will also be approved to submit NCPDP Pharmacy Prior Authorizations.

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Third Party Vendors (Dial-Up and Leased-Line)

Section 6 - Software Validation Process

Software developers interested in validating their software must contact the POS/Internet Help Desk by calling the Telephone Service Center (TSC) at 1-800-541-5555 (border providers and out-of-state billers billing for in-state providers, call [916] 636-1200) and selecting the option for POS/Internet inquiries. The POS/Internet Help Desk will assign a unique submitter ID. If you are currently submitting claims through Computer Media Claims (CMC), you will not be assigned another submitter ID. You will need to supply the POS/Internet Help Desk with a four-character version number, which, in combination with your submitter ID, will be the PC/POS version number used in all transactions submitted to the POS network. The POS/Internet Help Desk will verify this number to ensure your software has been validated and is authorized to submit transactions.

Prior to testing each new software release/upgrade, you must notify the POS/Internet Help Desk of your new four-character version number.

When you are ready to test, submit transactions using the pre-defined test cases described in Section 5, *Test Cases*. There is a series of tests for Eligibility, Share of Cost (SOC), Medical Services Reservations and Pharmacy Claims (once you have successfully completed testing for Pharmacy Claims you will also be approved to submit NCPDP Pharmacy Prior Authorizations), HCFA 1500 claims and Family PACT transactions. You may test for any or all transaction types. Your software will be approved only for those transactions that have been successfully tested. A test response will be returned for each test case transaction. For Eligibility, SOC, Medical Services Reservations, HCFA 1500 claims and Family PACT transaction test verification, the provider number is used as the key. For pharmacy test verification, the pharmacy number is used as the key. If the specific key is not found on the test verification file, the error message "ERROR UNABLE TO DETERMINE TEST CASE" will be returned

The POS/Internet Help Desk will receive a comparison report of all the software test transactions from the previous day. If all fields pass the edits, the POS/Internet help desk will update its database, allowing your software to be used within the POS network. All reports and results will be mailed to the test submitter after review by the POS/Internet help desk.

If the comparison report data does not adequately describe the test transaction problem, contact the POS/Internet Help Desk through the TSC at one of the phone numbers referenced above.

Medi-Cal POS
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Third Party Vendors (Dial-Up and Leased-Line)

Section 7 - Reference Information

For more information about standards, refer to the following Web sites:

- American National Standards Institute (ANSI): Obtain ANSI publications at <http://www.ansi.org/>.
- Data Interchange Standards Association, Inc. (DISA): Obtain DISA publications at <http://www.disa.org/>.
- Washington Publishing Company: Obtain HIPAA implementation guides at <http://www.wpc-edi.com/>.
- National Council for Prescription Drug Programs (NCPDP): Obtain NCPDP publications at <http://www.ncdp.org/>.
- VISA Specifications: Obtain VISA specifications at <http://www.visa.com>.
- Medi-Cal Companion Guides: Obtain Medi-Cal transaction vendor companion guides at <http://www.medi-cal.ca.gov/>.
- IBM CICS Publications: Obtain IBM CICS publications at <http://www-306.ibm.com/software/http/cics/library/>.

For more information about this document, network interface specifications or leased-line connections, write to EDS at the following address:

EDS
ATTN: POS/Internet Help Desk
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

To reach the Medi-Cal POS/Internet Help Desk, call the Telephone Service Center (TSC) at 1-800-541-5555 (border providers and out-of-state billers billing for in-state providers, call [916] 636-1200) and select the option for POS/Internet inquiries.